

RECEIVED BY
Form 9-331
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O. C. D.
ARTESIA, OFFICE

UNITED STATES CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Albuquerque, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Perry R. Bass
3. ADDRESS OF OPERATOR
P.O. Box 2760, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL Unit Letter D
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☒
☒
☐
☐
☐
☐
☐

(other) Add Perfs. & Acidize & Frac.
old & new Perfs.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Rig up Pulling Unit. Pull rods Pump & Tbg. Install BOP equipment. Rig up reverse unit. PU 4-3/4" Bit. Drill collars & 2-3/8" production Tbg. RIH to 3686', Drill cement to 3715' Circ. hole. Pull out of hole w/Tbg., collars & Bit. RIH w/4" select fire Csg. Gun JRC SSB-II Burrless charges, 0° phased. Perf 3675'-3701' 9 Holes. RIH w/2-3/8" Tbg. Acidized w/1000 Gals. 15% HCl Acid w/additives, followed with Frac treatment. Frac'd w/30,000 Gals. 70 quality Foam w/additives, & 33,000# 20-40 & 15,000# 12-20 Mesh sand. After treatment flowed to tank for clean-up overnight. Swab testing to tank. Preparing to run Rod & Pump. Ran in hole w/ 2' X 1 1/2" X 12' RWTC Pump. Test: Pumping 22 BO 80 BW 7 MCFPD GOR 318. Final Report.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED R. C. Hutchens TITLE Sr. Prod. Clerk DATE October 23, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FOR RECORD

OCT 28 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO