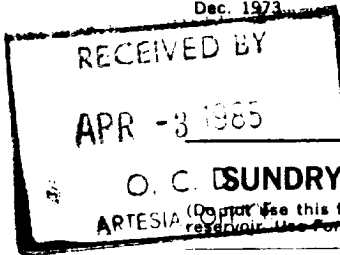


45F



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

O. C. SUNDRY
ARTESIA (Don't 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.)
NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Perry R. Bass ✓
3. ADDRESS OF OPERATOR
P. O. Box 2760, Midland, Tx 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FEL unit letter O
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: ☒ SUBSEQUENT REPORT OF:
- | | | |
|----------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- (other) Install Artificial Lift Equipment

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.)*

Install Pumping Equipment

5. LEASE
NM 01189-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Big Eddy Unit
8. FARM OR LEASE NAME
Big Eddy Unit
9. WELL NO.
#7
10. FIELD OR WILDCAT NAME
Maroon Cliffs Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T20S, R31E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3529' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R.C. Houtchens TITLE Sr. Prod. Clerk DATE 3-20-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE _____

APR 2 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO