RECEIVED BY  UNITED STATES    APR -3 1505  DEPARTMENT OF THE INTERIOR    GEOLOGICAL SURVEY  6. IF INDIAN, ALLOTTEE OR TRIBE NAME    APR -3 1505  GEOLOGICAL SURVEY    C. C. DSUNDRY  NOTICES AND REPORTS ON WELLS    APTESIA (Dopper the this for proposals to drill or to deepen or plug back to a different more proposals)  7. UNIT AGREEMENT NAME    Big Eddy Unit  8. FARM OR LEASE NAME    Big Eddy Unit  8. FARM OR LEASE NAME    Big Eddy Unit  9.312- for such proposals)    1. oil  gas    2. NAME OF OPERATOR  7.    Perry R. Bass  other    3. ADDRESS OF OPERATOR  7.    P. O. Box 2760, Midland, Tx 79702  10. FIELD OR WILDCAT NAME    AT SURFACE: 660' FSL & 1980' FEL unit letter O  AREA    Sec. 19, T20S, R31E  12. COUNTY OR PARISH 13. STATE    Eddy  New Mexico    AT TOP PROD. INTERVAL:  AT TOP PROPORATE BOX TO INDICATE NATURE OF NOTICE,    REPORT, OR OTHER DATA  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  10.    FRANCTURE TREAT  13.    SHOOT OR ACIDIZE  11.    REPAIR WELL  11.	Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
APR -3  365  GEOLOGICAL SURVEY  6. IF INDIAN ALLOTTEE OR TRIBE NAME    APR -3  365  GEOLOGICAL SURVEY  6. IF INDIAN ALLOTTEE OR TRIBE NAME    APR -3  0. C. DSUNDRY  NOTICES AND REPORTS ON WELLS  7. UNIT AGREEMENT NAME    APTESIA (Portor for proposals to drill or to deepen or plug back to a different well in the tot of the proposals is of the results of the results of the result in the tot of the result in the tot of the result in the results of the r	DECEIVED BI	
APR - 3 1903  OLDERONIC CONTR    O. C. DSUNDRY NOTICES AND REPORTS ON WELLS APTESIA Compared for more proposals to drill or to deepen or plug back to a different well well or to deepen or plug back to a different well well other  7. UNIT AGREEMENT NAME Big Eddy Unit    1. oil well well well well well well  gas X  7. UNIT AGREEMENT NAME Big Eddy Unit    2. NAME OF OPERATOR Perry R. Bass /  0. There  8. FARM OR LEASE NAME Big Eddy Unit    3. ADDRESS OF OPERATOR P. O. Box 2760, Midland, Tx 79702  10. FIELD OR WILDCAT NAME Maroon Cliffs Morrow    4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  10. Sec., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T20S, R31E    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  10. SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  11. SEC, T., Report results of multiple completion or zone change on Form 9-330.)    MULTIPLE COMPLETE  11. ON    PULL OR ALTER CASING  11. SEC    MULTIPLE COMPLETE  11. Sec. T., R., M., OR BLK. AND WD    3529' GL  13. STATE	DEPARTMENT OF THE INTERIOR	NM 01189-A
O. C. LSUNIAR TWO THOUSES AND REPORTS ON WELLS    APTESIA Control Section for proposals to different of proposals.    1. oil well gas well well other    2. NAME OF OPERATOR    Perry R. Bass V    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 0    AT SURFACE: 660' FSL & 1980' FEL unit letter 0    AT TOTAL DEPTH:    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    REQUEST FOR APPROVAL TO:    Subsequent REPORT OF APPROVAL TO:    SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF    FRACTURE TREAT    SHOOT OR ACIDIZE    WELL    PULL OR ALTER CASING    WELL    PULL OR ALTER CASING    MULTIPLE COMPLETE    CHANGE ZONES	APR - 3 1985 GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil well well other  B. G. HANGU Unit    1. oil well well other  9. WELL NO.    2. NAME OF OPERATOR Perry R. Bass v  9. WELL NO.    3. ADDRESS OF OPERATOR P. O. Box 2760, Midland, Tx 79702  10. FIELD OR WILDCAT NAME Maroon Cliffs Morrow    1. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  10. FIELD OR WILDCAT NAME Maroon Cliffs Morrow    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  Sec. 19, T20S, R31E    12. COUNTY OR PARISH 13. STATE Eddy  14. API NO.    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KDB, AND WD) 3529' GL    14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD) 3529' GL    15. BED TO REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD) 3529' GL    16. OTHER TREAT  10. SUBSEQUENT REPORT OF:    17. TEST WATER SHUT-OFF  11. SEC, T, R, MOR BL, AND WD) 3529' GL    17. EEPAIR WELL  11. SEC, T, R, MOR BL, AND WD) 3529' GL    18. OTO OR ACIDIZE  11. SEC, T, R, MOR BL, AND WD) 3529' GL    19. TOTAL DEPTH:  11. SEC, T, R, MOR BL, AND WD) 3529' GL    19. TOTAL DEPTH:  11. SEC, T, R, MOR BL, AND WD, 3529' GL    19. TOTAL DEPTH:  11. SEC, T, R, MOR BL, AND WD, 3529' G		
well  well  well  other    9. WELL NO.    2. NAME OF OPERATOR Perry R. Bass /    3. ADDRESS OF OPERATOR    9. 0. Box 2760, Midland, Tx 79702    4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)    AT SURFACE:  660' FSL & 1980' FEL unit letter 0 AT SURFACE:    AT TOP PROD. INTERVAL: AT TOTAL DEPTH:    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    REQUEST FOR APPROVAL TO:    B  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  1    FRACTURE TREAT  1    SHOOT OR ACIDIZE  1    REPAIR WELL  1    PULL OR ALTER CASING  1    MULTIPLE COMPLETE  1	ARTESTA reservoir. Use Forth 9-331-C for such proposals.)	
10.11  10.12  9.000  #7    2. NAME OF OPERATOR  #7    Perry R. Bass /  10. FIEL DOR WILDCAT NAME    3. ADDRESS OF OPERATOR  10. FIEL DOR WILDCAT NAME    9. 0. Box 2760, Midland, Tx 79702  11. SEC., T., R., M., OR BLK. AND SURVEY OR    4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 660' FSL & 1980' FEL unit letter 0    AT SURFACE: 660' FSL & 1980' FEL unit letter 0  AT TOP PROD. INTERVAL:    AT TOTAL DEPTH:  12. COUNTY OR PARISH    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  New Mexico    14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)    3529' GL  15. ELEVATIONS (SHOW DF, KDB, AND WD)    3529' GL  15. SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  10.    FRACTURE TREAT  11.    SHOOT OR ACIDIZE  11.    REPAIR WELL  11.    PULL OR ALTER CASING  11.    MULTIPLE COMPLETE  11.<		
Perry R. Bass  10. FIELD OR WILDCAT NAME    Bass v  10. FIELD OR WILDCAT NAME    Marcon Cliffs Morrow  11. SEC., T., R., M., OR BLK. AND SURVEY OR    A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  11. SEC., T., R., M., OR BLK. AND SURVEY OR    AT SURFACE:  660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  Sec. 19, T20S, R31E    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  New Mexico    14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)    3529' GL  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  Interval    PULL OR ALTER CASING  Interval    PULL OR ALTER CASING  Interval    MULTIPLE COMPLETE  Interval    MULTIPLE COMPLETE  Interval    CHANGE ZONES  Interval		
3. ADDRESS OF OPERATOR  Maroon Cliffs Morrow    P. O. Box 2760, Midland, Tx 79702  Maroon Cliffs Morrow    4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 660' FSL & 1980' FEL unit letter 0 AT SURFACE: 660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  Sec. 19, T20S, R31E    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  New Mexico    14. API NO.  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  SUBSEQUENT REPORT OF:    FRACTURE TREAT  SHOOT OR ACIDIZE    PULL OR ALTER CASING  (NOTE: Report results of multiple completion or zone change on Form 9-330.)		
P. 0. Box 2760, Midland, Tx 79702  11. SEC., T., R., M., OR BLK. AND SURVEY OR    4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  11. SEC., T., R., M., OR BLK. AND SURVEY OR    AT SURFACE:  660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  12. COUNTY OR PARISH  13. STATE    I6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  New Mexico  14. API NO.    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD)    S129' GL  II. SEC., T., R., M., OR BLK. AND SURVEY OR    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  II. SEC., T., R., M., OR BLK. AND SURVEY OR    REPAIR WELL  III. SEC., T., R., M., OR BLK. AND SURVEY OR    PULL OR ALTER CASING  III. SEC., T., R., M., OR BLK. AND SURVEY OR    MULTIPLE COMPLETE  III. SEC., T., R., M., OR BLK. AND SURVEY OR    III. SEC., T., R., M., OR BLK. AND SURVEY OR  III. SEC., T., R., M., OR BLK. AND SURVEY OR    III. SEC., T., R., M., OR BLK. AND SURVEY OR  III. SEC., T., R., M., OR BLK. AND SURVEY OR    III. SEC., III.  III. SEC., III.  SEC.    III. SEC., III.  III.  III. SEC., III.    III. SEC., III.  III. SEC., III.  III.		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 1980' FEL unit letter 0 AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  AREA Sec. 19, T20S, R31E    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  New Mexico    16. CHECK APPROVAL TO:  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  Image: change on Form 9-330.)    REPAIR WELL  Image: change on Form 9-330.)		· · · ································
below.)  AT SURFACE: 660' FSL & 1980' FEL unit letter 0  Sec. 19, T20S, R31E    AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:  12. COUNTY OR PARISH  13. STATE    Eddy  New Mexico    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  REPORT, OR OTHER DATA  14. API NO.    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD)    3529' GL  SUBSEQUENT REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD)    REPAIR WELL  Image: Change on Form 9-330  SUBSEQUENT REPORT OF:    PULL OR ALTER CASING  Image: Change on Form 9-330  SUBSEQUENT REPORT OF:		
AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:    16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  Eddy    REPORT, OR OTHER DATA  14. API NO.    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF  Image: Complete completion or zone    SHOOT OR ACIDIZE  Image: Change on Form 9-330.    MULTIPLE COMPLETE  Image: Change on Form 9-330.	helow)	Sec. 19, T2OS, R31E
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		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KDB, AND WD) 3529' GL    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF		The second
REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KDB, AND WD)    REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF	16 CHECK ADDODDIATE BOX TO INDICATE NATURE OF NOTICE	14. API NO.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  3529' GL    TEST WATER SHUT-OFF		15. FLEVATIONS (SHOW DE KOB AND WD)
REQUEST FOR APPROVAL TO: #  SUBSEQUENT REPORT OF:    TEST WATER SHUT-OFF		
FRACTURE TREAT		
SHOOT OR ACIDIZE		
PULL OR ALTER CASING		
MULTIPLE COMPLETE		
		change on Form 9~330.)
ADAMPON Install Autist Wisl Lift Pruismont		
(other) Install Artificaial Lift Equipment	(other) Install Artificatal 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

1

Subsurface Safety Valve: Manu. and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct SIGNED <b>X.C. Houstchens</b> TITLE Sr. Prod. Clerk	date 3-20-85	
(This space for Federal or State office us	e)	
APPROVED BY ACCEPTED FOR RECORD TITLE	DATE	
APR 2 1985		
*See Instructions on Reverse Side		
CARLSBAD, NEV. MEXICO		
	Merchanger 1 - 1 - 1	

cKF