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RECEIVED BY
OCT 29 1985
O. C. D.
ARTESIA, OFFICE

NM OIL CONS. COUNCIL
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 & 1980' FWL Unit Letter C
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* ☐

(other) Frac & Stimulate

SUBSEQUENT REPORT OF:

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

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.)*

1. RU Swab unit. RIH and swab well down.
2. Install 15,000 psi tree saver. Pressure annulus to 2000 psi.
3. Fracture treat the Wolfcamp down 2-3/8" tubing. Use 4000 gallons of WF40 non-crosslinked prepad fluid followed by 20,000 gallons of YF4PSD crosslinked pad and 45,000 gallons of Yf4PSD crosslinked treating fluid containing 70,500 pounds of 20/40 mesh Ottawa sand and 28,500 pounds of 20/40 mesh.
4. Open well up and flow back.
5. Place well on Production.
6. RD swab unit.

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 October 22, 1985

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

10-28-85