State of New Mexico

Form	C	-1α	3
Revis	ed	1-1	4

omit 3 Copies Appropriate strict Office	Energy	inerals and Natural Resources Department	

Submit 3 Copies to Appropriate District Office	Energy 'nerals and Natura	al Resources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO.	<u> </u>	
DISTRICT II	Santa Fe, New Mexi		30-015-2789		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Leas	STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Leas		
p	**************************************		001801		
	ICES AND REPORTS ON V				
	OPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR >-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit A		
1. Type of Well:			Poker Lake U	nit	
METT [7] METT [7]	OTHER	A Part of the second se			
2. Name of Operator Race Entonomicos Duo	duation Co	/	8. Well No.		
Bass Enterprises Proc 3. Address of Operator	duction to.		9. Pool name or Wildca		
P.O. Box 2760, Midla	<u>nd, Texas 79702-276</u>	0	Und (Delaware)		
Unit Letter B : 660	O Feet From The Nor	th Line and 19	80 Feet From The	East Line	
Section 36	Township 24S	Range 30E	NMPM Eddy	County	
	GR 3460 '	ther DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to Indica	ate Nature of Notice I	Percet or Other Dat	//////////////////////////////////////	
NOTICE OF IN			SEQUENT REPO		
1101.02.01.11	remotero.		DOLGOLNI NEF	ONT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	_				
Fut and ADD	-		CASING TEST AND CEMENT JOB		
OTHER: Extend APD	<u> </u>	X OTHER:	·		
12. Describe Proposed or Completed Open work) SEE RULE 1103.	ntions (Clearly state all pertinent detail	ils, and give pertinent dates, incl	uding estimated date of starti	ing any proposed	
Bass Enterprises Proc six (6) months from 3	duction Co. wishes to 3/25/95 to 9/25/95.	o extend this app	lication to dri	ll for another	
			RECEIV	ED	
•			FEB 2 3 19	95	
			OIL CON.	DIV.	
Certified # Z 112 327	' 662		DIST. 2	2	
I hereby certify that the information above is true	se and complete to the best of my knowledg	e and belief. Division Dri	llina Sunt	2/21/95	
SIGNATURE / WILLIAM K.	Numieu	TITLE .	D	ATE	
TYPE OR PRINT NAME William	R. Dannels		Т	ELEPHONE NO. 915-683-227	

(This space for State Use)

ORIGINAL SIGNED BY VIN W. SUM.

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FEB 2 8 1995

CONDITIONS OF APPROVAL, IP ANY: