Submit 3 Copies To Appropriate District Office	State o	f New M	exico		F	orm C-1	03
District I	Energy, Minerals and Natural Resources				March 4, 2	004	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO	15-334.	23		
1301 W. Grand Ave., Artesia, NM 88210	1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Typ	e of Lease		
District III 1220 South St. Francis Dr. 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE			
District IV	Santa 1	Fe, NM 8	7505	6. State Oil & 0	Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505							
	ICES AND REPORTS			7. Lease Name	or Unit Agree	nent Nam	e
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI				POKER LAKI	EUNIT		
PROPOSALS.)	(· · · · · · · · · · · · · · · · · · ·	Ţ		8. Well Numbe		 _	
1. Type of Well: Oil Well X Gas Well	l 04	R	ECEIVED	6. Well Nullibe	er 205		i
	Other —		UL 2 8 2004				_
2. Name of Operator Bass Enterp	rises Production Co.	_		9. OGRID Nun	nber 001801		Į
2 Address of Occupation		— OCI	D-ARTESIA	10. Pool name or Wildcat			
F. O. Bu	x 2760 , TX 79702			NASH DRAW		E	ļ
4. Well Location							
D	160	NORTH					
Unit Letter B :	feet from the	e NORTH	line and 165	feet fr	rom the EAST	lir	ne
Section 18	Township 24	4S R:	ange 30E	NMPM	County ED	DΥ	
the second problems	11. Elevation (Show v				County ED		
the second of the second of	3179'		,				
Pit or Below-grade Tank Application (Fo				_			
Pit Location: ULB Sect 18 Twp 2				100' Distance from	nearest fresh wat	er well <u>>200</u>	<u>)'</u>
Distance from nearest surface water <u></u>	1000' Below-grade Tank Lo	ocation UL_	SectTwp	Rng	;		
feet from theline and _	feet from the	line					
feet from theline and _	feet from the	line					
			ature of Notice,	Report or Othe	r Data		
12. Check A	Appropriate Box to In	ndicate N	1	Report or Othe SEQUENT RI		:	
12. Check	Appropriate Box to In	ndicate N	1	SEQUENT RI			.
12. Check A NOTICE OF IN PERFORM REMEDIAL WORK □	Appropriate Box to Internation TO: PLUG AND ABANDO	ndicate N	SUBS REMEDIAL WORK	SEQUENT RI	EPORT OF ALTERING (CASING [_
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