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O. C. D.

ARTESIA, OFFICE

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 ☐ gas ☒ 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 0

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*) Installed artificial lift equipment

SUBSEQUENT REPORT OF:

☐

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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.)

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.)*

3-29-85

Install Lufkin pumping unit

Ran 3/4" & 7/8" steel rods and 1" fiberglass rods, and 2" X 1-1/2" X 36' RHBC pump. Hung well on @ 1:00 p.m. 3-30-85

Wait on counter balance weights.

Well pumping 4-5-85. Final report.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED *R.C. Hord*

TITLE Sr. Prod. Clerk

DATE 4-10-85

(This space for Federal or State office use)

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

DATE

APR 15 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO