

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND NUMBER
LC-070220

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OCT 24 '89

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Bass Enterprises Production Company

3. ADDRESS OF OPERATOR
P.O. Box 2760, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1656 1/4 FSL & 1972 1/4 FWL of Unit Letter K

7. UNIT AGREEMENT NAME
Big Eddy Unit O. C. D.
TESIA, OFFICE

8. LEASE OR LEASE NAME
Big Eddy Unit

9. WELL NO.
#10

10. FIELD AND POOL, OR WILDCAT
Big Eddy Strawn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 19, 20S, 31E

14. PERMIT NO.
30-015-10785

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3549' KDB

12. COUNTY OR PARISH
Eddy

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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. Requesting sixty (60) additional days to evaluate wellbore
Reply No. 3162.4 (067)

RECEIVED

OCT 10 10 47 AM '89

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

SIGNED

[Signature]

TITLE Div. Drlg & Prod Super

DATE 10-6-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

2

TITLE

PETROLEUM ENGINEER

DATE

10-20-89

12/31/89

*See Instructions on Reverse Side