

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

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 ☐

O. C. D.

ARTESIA, OFFICE

2. NAME OF OPERATOR Bass Enterprises Prod. CO.
Union Pacific Resources Co. (Agent)

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
NM-04557

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Big Eddy

8. FARM OR LEASE NAME
Big Eddy

9. WELL NO.
33

10. FIELD OR WILDCAT NAME Hackberry Bone Spring & Hackberry Strawn, South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T20S R31E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO.
Bone Springs 30-015-20369

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3494' DF, 3494.5' KDB, 3483' WD

(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.)*

Note: Downhole Commingled.

Delete unit from lease name.

Hackberry Strawn, South

No. 33 Sec. 4 SE/SE 20S 31E API No. 30-015-20369

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R.C. Hutchens TITLE Sr. Prod. Clerk DATE 2-3-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD