

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved: 7-7-74
Budget Bureau No. 42 1424

3. LEASE DESIGNATION AND SERIAL NO.

0915

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Big Eddy

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

40

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 22, 21S, 29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Drilled -- prep. to complete as gas well.

2. NAME OF OPERATOR

PERRY R. BASS

3. ADDRESS OF OPERATOR

Box 1178; Monahans, Texas 79756

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FNL and 1980' FEL, Sec. 22, Unit Letter G

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3440' Gr. level

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

LOCATION pad extension.

(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.)*

Permission is requested to extend size of location pad, as indicated on attached drawing. The purpose of this requested extension is to provide facilities for massive frac treatment.

RECEIVED
JUN 21 1974
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Division WF Engineer

DATE June 21, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE DISTRICT ENGINEER

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side