

RECEIVED

Form 9-331
Dec. 1973AR 010 00
Drawer 00
Artesia, NM 87010Form Approved.
Budget Bureau No. 42-R1424

DEC 04 '87

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYO. C. D.
ARTESIA, OFFICE

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 ☐
2. NAME OF OPERATOR
BASS ENTERPRISES PRODUCTION CO.
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 1980' FNL & 2310' FEL OF SECTION
AT TOP PROD. INTERVAL: UNIT LETTER *G*
AT TOTAL DEPTH: *G* *SJS*
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) ☐

SUBSEQUENT REPORT OF:

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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.)*

Change operator name from Perry R. Bass to
BASS ENTERPRISES PRODUCTION CO.

5. LEASE
LC-067144
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.
56
10. FIELD OR WILDCAT NAMES *SWD 96108*
~~INDIAN FLATS~~ DELAWARE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 35, T21S, R28E
12. COUNTY OR PARISH
EDDY
13. STATE
NEW MEXICO
14. API NO.
30-015-2222
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3186' KB 3197'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

SJS

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

11-25-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

Post ID-3
12-11-87*chy op name*

*See Instructions on Reverse Side