

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COM
L. wer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Bass Enterprises Production Co.

3. Address and Telephone No.

P. O. Box 2760 Midland, Texas 79702-2760 (915) 683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 660' FWL, Unit Letter L, Section 30,
T-21-S, R-29-E

5. Lease Designation and Serial No.

LC-062573

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hopeful Federal #1

9. API Well No.

30-015-22223

10. Field and Pool, or Exploratory Area

Undesignated (Delaware)

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other: Temporarily Abandon

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

In accordance to the Sundry Notice dated 2/24/95 by Joe G. Lara, BLM Carlsbad, the Hopeful Federal #1 tested 3/15/95 to certify integrity of the casing and downhole equipment. As witnessed by Don Early, the annulus was pressure tested with water to 560 psi (see attached copy of chart and Daily Operations Report).

Temporarily abandon approval is requested.

7TH APPROVED FOR 12 MONTH PERIOD
ENDING 3/15/96

CERTIFIED #Z 112 327 748 - BGH:PGO

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

Signed E. GERHARD

Title SR. PRODUCTION ENGINEER

Date 3/23/95

(This space for Federal or State office use)

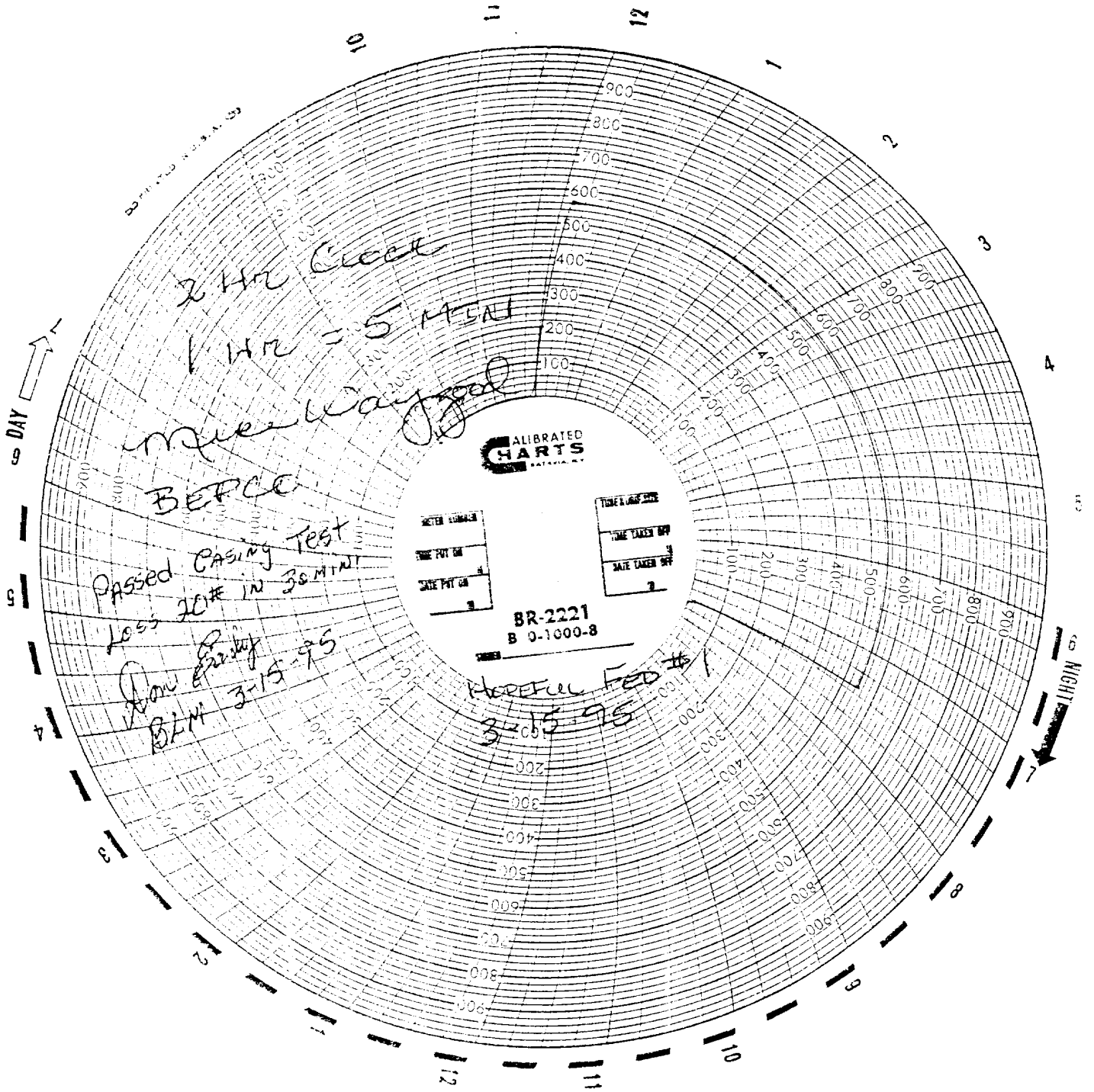
Patrolman Engineer

Date 4/19/95

Approved by _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side



2 Hr Clock
1 Hr = 5 MEAL
Mike Wayland
BERCE

Passed Casing Test
Loss 20% in 30 MIN

Don Early
BLM 3-15-95

METER NUMBER
TIME PUT ON
DATE PUT ON

TIME & DATE OFF
TIME TAKEN OFF
DATE TAKEN OFF

BR-2221
B 0-1000-8

WORTHFUL FED #1
3-15-95

BASS ENTERPRISES PRODUCTION COMPANY

Date:

0	3
---	---

1	5
---	---

9	5
---	---

mo. day year

Daily Operations Report

Posted: _____

[illegible]

Page: 1 of 1

Depth of Failure (ft.):

0	0	0	0	0
---	---	---	---	---

Ret. to Prod.? NO

Final? YES

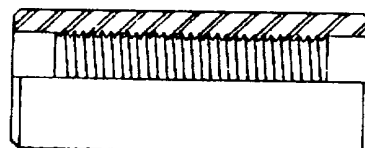
Down (hrs.): Daily 24 Cum

 Job Type: Repair _____; Service (Workover/Slim/Log/Test/(Re)Complete) ✓ (CSG INT. TEST)

Operations Report: R.U. CONTRACT KILL TRUCK. TEST
5 1/2" CSG TO 560 PSI FOR 30 MIN. WELL
bled TO 540 PSI. OK. TEST WITNESSED
BY DON EARLY BLM CARLSBAD NM.
R.D. KILL TRUCK.

Repair Section				Service Section		Cost Section (Estimates)	
Failure <input type="text" value="00"/>	Cause <input type="text" value="21"/>	Contractor <input type="text" value=""/>		Service <input type="text" value="70"/>	Pulling Unit _____	Rods / Tubing _____	
00 None	21 Not Applicable	Operator <input type="text" value=""/>		70 None		Pump Truck <u>300</u>	
01 Pin Break	22 Corrosion			71 Workover		Co. Supervision <u>100</u>	
02 Box Break	23 Corr.-Polymer			72 Log-Test		Rentals.	
03 S.H. Box Break	24 Handling Damage	40 Brunson	52 Pool	73 T.A.			
04 Cplg. Unscrewed	25 Under Torque	41 Busters	53 Pride	74 Plug			
05 Wrench Flat Break	26 Over Torque	42 Cobra	54 R & H	75 Press. Survey			
06 F.G. End Connector	27 Rod Wear	44 DA & S	55 Ram	78 Change Lift			
07 Steel Rod Body	28 F.G. Fatigue	45 Dan Mar	56 Standard	77 (Re) Complete			
08 F.G. Rod Body	29 H ₂ S Embrittlement	46 Hercules	57 SWC	78 Swab			
09 Rod Pump	30 Gyp. Build-Up	47 Jackson	58 Wellco	79 Other (Explain)			
10 Hydr. Pump(Pistorn)	31 Overstressed	48 Longhorn	59 WellTech				
11 Hydr. Pump (Jet)	32 Other (Explain)	49 M & W	60 White				
12 Elec. Sub. Pump			61 Other				
13 Tubing Leak		District &					
14 Casing Leak		Production Foreman	<input type="text" value="099"/>				
15 Pump Jack	Size <input type="text" value="80"/>	Monahans					
16 Tubing Stuck	80 Not Applicable	91 W.C. Collins					
17 Other (Explain)	81 ¾"	92 C.K. Jenkins					
	82 ¾"	99 M.G. Waygood					
20 (Reserved)	83 ¾"	Kermil					
	84 1.0"	94 J.D. Robinson					
	85 1.2"	95 L.D. Antley					
	86 1.25"	96 R. Robertson					
	87 K-Bar	Sundown					
	88 2 ½"	97 J.R. Field					
	89 2 ¼"	98 R.T. Srader					
	90 Other (Explain)	101 G.D. Davis					
		100 Other					
Work Summary and Other							
Remarks (for Permanent Record):							

Pump Out # _____ Make _____ Pump In # _____ Make _____ LRP _____
Size _____ Type _____ Size _____ Type _____ LPC _____
Condition _____ Remarks _____



15F

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC-062573

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hopeful Federal #1

9. API Well No.

30-015-22223

10. Field and Pool, or Exploratory Area

Undesignated (Delaware)

11. County or Parish, State

Eddy County, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Bass Enterprises Production Co.

3. Address and Telephone No.

P. O. Box 2760 Midland, Texas 79702-2760 (915) 683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 660' FWL, Unit Letter L, Section 30, T-21-S, R-29-E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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☐ Subsequent Report

☐ Final Abandonment Notice

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☐ Recompletion

☐ Plugging Back

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☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

13. 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.)*

Bass Enterprises Production Co. respectfully requests approval to TA the Hopeful Federal #1. We are formulating plans to test the Delaware.

The test will be initiated by November 1, 1995.

CERTIFIED #Z 112 327 736 - WHF:PGO

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

Signed Keith E. Bucy Title Division Production Supt. Date January 18, 1995

(This space for Federal or State office use)

Approved by (ORIG. SGD) JOE G. LARA Title PETROLEUM ENGINEER Date 2/24/95

Conditions of Approval See attached. Attached tests to be performed within 30 days.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

(Rev: 1/12/95)

BUREAU OF LAND MANAGEMENT
CARLSBAD RESOURCE AREA

Temporary Abandonment of Wells on Federal Lands

Conditions of Approval

Temporary Abandonment (TA) status approval requires: A) Successful Casing Integrity Test and, B) Successful Bradenhead Test.

Any temporary abandonment request must be submitted on a Sundry Notice (Form 3160-5), one (1) original signature and five (5) copies, and include the following:

1. Justification why the well should be temporarily abandoned rather than permanently plugged and abandoned.
2. Description of the temporary abandonment procedure.
3. A complete wellbore diagram shown as temporarily abandoned.
4. The anticipated date the operations will occur.

Contact the appropriate BLM office at least 48 hours prior to the scheduled Casing Integrity and the Bradenhead Tests. For wells in Eddy County call (505) 887-6544 ; for wells in Lea County call (505) 393-3612.

A) Casing Integrity Test for TA:

1. Install an isolation device (such as a retainer or bridge plug) within 50' to 100' of the top perforation or cement plug that extends at least 50' above each set of open perforations. Unless prior approval is granted by the Authorized Officer, fill the well bore with conditioned, non-corrosive fluid and shut-in at the surface. If a cement plug is used, the top of the cement must be verified by tagging. If the wellbore had more than one producing horizon, the lower set(s) of perforations or open hole must meet the requirements for permanent plug to abandonment, unless justification is provided by the operator not to do so.

2. A test demonstrating casing mechanical integrity is required. An approved method is a pressure test of the casing and uppermost plug. The pressure test conducted shall be a minimum of 500 psi surface pressure with less than 10 percent pressure drop within thirty (30) minutes. In no event shall the pressure test required exceed seventy (70) percent of the internal yield of the casing. In the case of an unsuccessful test, the operator shall either correct the problem or plan to plug and abandon the well. Alternative methods demonstrating casing mechanical integrity may be approved by the Authorized Officer on a case-by-case basis.

B) Bradenhead Test for TA:

1. Record the pressure measured on each casing string, including intermediate casing, using deadweight or calibrated pressure gauge.
2. Open the bradenhead valve to the atmosphere. If gas or water flow is observed or indicated, flow the bradenhead for a minimum of fifteen (15) minutes and record pressures at five (5) minute intervals on the production, intermediate and surface casing. Describe in detail any fluids flowing from the bradenhead including measured or estimated rates of flow. A water and/or gas analysis may be required.

Wells that successfully pass the casing integrity test and the bradenhead test will be approved for Temporary Abandonment (TA) status for 12 months provided that the operator:

1. Submits within thirty (30) days a subsequent Sundry Notice (one (1) original signature and five (5) copies) requesting TA approval,
2. Attaches a clear copy or the original of the pressure test charts,

If the well does not pass the casing integrity test and/or the bradenhead test, then the operator shall within 90 days submit to BLM for approval one of the following:

1. A procedure to repair the casing so that a TA approval can be granted.
2. A procedure to plug and abandon the well.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OCT 31 '90

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.	Well API No. 30-015-22223
Address P.O. BOX 2760, MIDLAND, TEXAS 79702-2760	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOPEFUL FEDERAL	Well No. 1	Pool Name, Including Formation UNDESIGNATED DELAWARE	Kind of Lease State (Federal) or Fee	Lease No. LC06257
Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 30 Township 21S Range 29E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY, A DIVISION OF KOCH IND. INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TEXAS 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30	Twsp. 21S	Rge. 29E	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT Post ID-3 11-9-90 aka BT: PER		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.C. Houtchens

Signature
R.C. HOUTCHENS, SENIOR PRODUCTION CLERK
Printed Name
10-29-90 (915) 683-2277 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 7 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
M.S.D.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PERMITS OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
DEC 02 '87

ARTESIA, OHIO

Form C-104
Revised 10-01-78
Formal 0001-03
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO., INC.	
Address P.O. BOX 2760 MIDLAND TEXAS 79702-2760	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate CHANGE OPERATOR NAME

If change of ownership give name and address of previous owner: PERRY R. BASS, P.O. BOX 2760, MIDLAND TX, 79702-2760

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOPEFUL FEDERAL	Well No. 1	Pool Name, including Formation UNDESIGNATED DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC06257
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 30	Township 21S	Range 29E	N.M.P.M. EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE TA	
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit Sec. Twp. Rys.	Post #0-3 12-11-87 chg of name

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R.C. HOUTCHENS
R.C. Houtchens
(Signature)
SENIOR PRODUCTION CLERK
(Title)
NOVEMBER 25, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1987
Original Signed by
BY Mike Williams
Oil & Gas Inspector
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.