State of New Mexico Submit 3 Copies Εı y, Minerals and Natural Resources Departn to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P. O. Box 1980, Hobbs, NM 88240 P. O. Box 2088 30-015-22398 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease 811 S. 1st Street, Artesia, NM 88210-2834 State \mathbf{x} FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 **SRMA 1216** SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) BIG EDDY 1. Type of Well Oil Well XXX Gas Well 2. Name of Operator 8. Well No Bass Enterprises Production Company 3. Address of Operator 9. Pool Name or Wildcat P. O. Box 2760 Midland, Texas 79702-2760 FENTON (BONE SPRING) 4. Well Location Unit Letter 1980 Feet From The SOUTH 1980 Line and Feet From The Section Township Range **NMPM EDDY** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3204.3' GR, 3222.3' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON [REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Bass Enterprises Production Company respectfully requests that the referenced well be placed under temporarily abandonment status. A mechanical integrity test was performed with the casing pressured to 500 psi losing 50 psi in 30 minutes to 450 psi. The OCD was notified prior to the test but no one witnessed. Duncan Whitlock with the BLM witnessed test. A copy of the pressure chart is attached. CERTIFIED #P-73-823-501 JDL:PGS 12-19-00 TITLE:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE: Division Production Superintendent

DATE: 12/18/oc

TYPE OR PRINT NAME

Keith E. Bucy

TELEPHONE NO. (915) 683-2277

(This space for State Use)

DATE: 12-4-01