				15%	1	
Submit 3 Copies To Appropriate District	State of Ne			. Wr	Form C-10	
Office District I	Energy, Minerals and	Natural Resour		ELL API NO.	Revised March 25, 19	99 7
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVA	TION DIVISI	ON	<u>30-015-2</u>	3131 22398	_
811 South First, Artesia, NM 87210 District III	2040 South		3.	Indicate Type of I STATE X	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fc, №	NIVI 87303	6.	State Oil & Gas L		-
2040 South Pacheco, Santa Fe, NM 87505		110 A		SRMA1216		_
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPC DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ES AND REPORTS ON DSALS TO DRILL OR TO DEE CATION FOR PERMIT" (FOR	EPEN OR PLUG BA VIC-101) FOR SUC	CK TO A	Lease Name or U g Eddy	nit Agreement Name:	
1. Type of Well:		OCD ARTES		g Eddy		
Oil Well X Gas Well 2. Name of Operator	Other	· · · · · · · · · · · · · · · · · · ·		Well No.		-
Bass Enterprises Production	Со.	C.B. C. F. C. FI		# 60		
3. Address of Operator		tinana si si tinana		Pool name or Wil		
P.O. Box 2760 Midland, TX 7 4. Well Location	9702-2760		IFe	nton (Bone Spri	(ng)	
Unit LetterJ:	1980' feet from the	South lin	ne and 198	0' feet from	the <u>East</u> lin	ıe
Section 20	Township 21			MPM	County Eddy	
		3' GL; 3222.3'	KB			
	Appropriate Box to Inc	licate Nature o				
					ALTERING CASING	
					PLUG AND	
					ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION					
OTHER:			Temporarily			<u> </u>
 Describe Proposed or Complete of starting any proposed work). or recompilation. 	d Operations (Clearly stat SEE RULE 1103. For M	te all pertinent des ultiple Completio	tails, and give ns: Attach we	pertinent dates, ind llbore diagram of	cluding estimated date proposed completion	
Bass Enterprises Production A mechanical integrity te			tatus on the	e referenced we	11.	
Packer is set @ 6368 Perfs are @ 6425-649						
NMOCD was notified of mec witnessed test. The well	hanical integrity tes was pressured to 570	t and Phill Ha and held for	wkins, compl 30 minutes v	iance officer with no bleed o	ff.	
			ndoned Status approv	red		
<u> 3-12-03</u>						
I hereby certify that the information above	e is true and complete to the	best of my knowled	lge and belief.		······································	_
SIGNATURE Vani 4				Ē	DATE	_
				Telepho	ne No. <u>915-683-2272</u>	<u>y</u> .
Type or print name Tami Wilber(This space for State use)	190	te.	1-01	J. D	MAR 2 1 20	
APPROVED BY	-18	_ TITLE	JULO /	DA CDA	ATE	
Conditions of approval, if any:				Ņ	ρ_{ij}	





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