Form 9-331 +May 1(033)

- 1

NAME OF OPERATOR

Perry R. Bass

WELL.

## UNITED STATES SUBMIT IN TRIPLICATES (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42 R1424. 5. CRASE DESIGNATION AND SERIAL NO.

LC 067144

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١.	11	INDIAN,	ALL.	OTTEE	OR	TRUBE	NAME

	<u> Y</u>	GEOL
SUNDRY NOTICES AND REPORTS ON WELLS to not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT - " for such proposals.)	plug back to a different reservoir.	on not use this form for proposals to

7. UNIT AGREEMENT NAME Big Eddy Unit

8. FARM OR LEASE NAME

Big Eddy Unit 9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Indian Flats 🤈

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

Sec. 25, T21S, R28E 12. COUNTY OR PARISH | 13. STATE

NM Eddy

P O Box 2760, Midland, Texas 79702

LOCATION OF WHIL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)
At strace 660' FNL & 1980' FEL, Sec 25, T21S, R28E

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3218 GL

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

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE STRACTURE TREADMENT TRACTURE TREAT ABANDONMENT\* SEPAIR VELL THANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17 IO.S. LIBE PROPERTY OR COMPUTED OFFEATIONS (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.)\*

It is requested that Perry R. Bass be given an extension of six (6) months from February 13, 1980, on permit to drill Big Eddy Unit No. 74.

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

(This space for Federal or State office use)

TITLE

TITLE

Engineering Assistant

1/22/80 DATE \_

DATE .....

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: