Form 9-331 Dec. 1973

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Form Approved. Budget Bureau No. 42-R1424

5. LEASE

UNITED STATES 36210

| DEPARTMENT | OF | THE | INTERIOR | |
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| GEOLOGICAL SI | | | VEV | |

| DEPARTMENT OF THE INTERIOR | LC 069219 |
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| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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.) | 7. UNIT AGREEMENT NAME BIG EDDY UNIT |
| MAR 21 138 | 8. FARM OR LEASE NAME BIG EDDY UNIT |
| 1. oil gas other 2. NAME OF OPERATOR | 9. WELL NO. 70 |
| BASS ENTERPRISES PRODUCTION CO. AAGED & CARROLL 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME INDIAN FLATS MORROW |
| P.O. BOX 2760. MIDLAND TX. 79702-2760 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| LOCATION OF WELL (REPORT LOCATION CLEAR_Y. See space 17 below.) | AREA SEC. 26, T21S R28E |
| AT SURFACE: 660'FNL & 1980'FEL UNIT LETTER B AT TOP PROD. INTERVAL: | 12. COUNTY OR PARISH 13. STATE EDDY NEW MEXICO |
| AT TOTAL DEPTH: | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 30-015-23473 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 3219'GL 3237'KB |
| TEST WATER SHUT-OFF | |
| SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) | (NOTE: Report results of multiple completion or zone change on Form 9-330.) |
| (other) Children of Electron Haute | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen | irectionally drilled, give subsurface locations and |
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| CHANGE OPERATOR NAME FROM PERRY R. BASS TO BASS ENTERPRISES PRODUCTION CO. | |
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| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | DV 2_21_88 |
| SIGNED TITLE SR. PROD. CLE | · · · · · · · · · · · · · · · · · · · |
| (This space for Federal or State off | |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | DATE |