Form 3160-5 (November 1994)

## DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

## FORM APPROVED Budget Bureau No. 1004-0135 Expires July 31, 1996 Storm Serial No. TED STATES

| Э. | Lease | Seriai | NO. |
|----|-------|--------|-----|
|    |       |        |     |

| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                                                                               |                                                                                  | /3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                                                                                                                                      |                                                                                                                                              |                                                                               |                                                                                  | n, Allottee or Tribe Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| SUBMIT IN TRIPLICATE -                                                                                                                                                                                                                                                                                                       | 7. If Unit of Big Eddy                                                                                                                       | or CA/Agreement, Name and/or No. y Unit                                       |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. Type of Well Oil X Gas Other                                                                                                                                                                                                                                                                                              |                                                                                                                                              | √3 <sup>5</sup> #                                                             |                                                                                  | ame and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Well Well Cother  2. Name of Operator                                                                                                                                                                                                                                                                                        |                                                                                                                                              | 3                                                                             | — → Big Eddy                                                                     | / Unit #84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Bass Enterprises Production Co.                                                                                                                                                                                                                                                                                              | ·                                                                                                                                            | B Ungers G.E                                                                  | 9. API We                                                                        | ll No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                  | 30-015-2                                                                                                                                     | 23968                                                                         |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| P.O. Box 2760, Midland, TX 79702-2                                                                                                                                                                                                                                                                                           |                                                                                                                                              | nd Pool, or Exploratory Area                                                  |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip                                                                                                                                                                                                                                                            | Gorden L                                                                                                                                     | Lane (Wolfcamp)                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1980' FNL & 1980' FEL, Unit Letter (                                                                                                                                                                                                                                                                                         | 11. County                                                                                                                                   | y or Parish, State                                                            |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Section 18, T21S-R29E                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                                                                               | Eddy NM                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 12. CHECK APPROPRIA                                                                                                                                                                                                                                                                                                          | ATE BOX(ES) TO INDICATE                                                                                                                      | E NATURE OF NOTICE.                                                           |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                           |                                                                                                                                              | TIPEOF                                                                        | ACTION                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| X Notice of Intent                                                                                                                                                                                                                                                                                                           | Acidize                                                                                                                                      | Deepen                                                                        | Production (Start/Resum                                                          | e) Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                              | Alter Casing                                                                                                                                 | Fracture Treat                                                                | Reclamation                                                                      | Well Integrity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                            | Casing Repair                                                                                                                                | New Construction                                                              | Recomplete                                                                       | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                     | Change Plans                                                                                                                                 | Plug and Abandon X                                                            | Temporarily Abandon                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Pinal Abandonnick (voice                                                                                                                                                                                                                                                                                                     | Convert to Injection                                                                                                                         | Plug Back                                                                     | Water Disposal                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| If the proposed or Commupleted Operation (clearly if the proposal is to deepen directionally or recompleted that the Bond under which the work will be perfollowing completion of the involved operations. If testing has been completed. Final Abandonment No determined that the final site is ready for final inspection. | lete horizontally, give subsurface<br>formed or provide the Bond No.<br>the operation results in a multiplotices shall be filed only after a | locations and measured and on file with BLM/BIA. It completion of recompletic | d true vertical depths of<br>Required subsequent repo<br>on in a new interval. a | orts shall be filed within 30 days Form 3160-4 shall be filed once                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Bass Enterprises Production Co. r<br>referenced well. This well will<br>or for use as an SWD well at a la<br>will be run to ensure that no pol                                                                                                                                                                               | espectfully requests<br>be evaluated for poto<br>ter date. Until the                                                                         | ential through wo<br>n annual mechanic                                        | rkover, recompl                                                                  | etion,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Upon approval to extend TA status results filed with the BLM.                                                                                                                                                                                                                                                                | , a mechanical integ                                                                                                                         | rity test will be                                                             | scheduled and                                                                    | the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 14. I hereby certify that the foregoing is true and correct  Name (Printed/Typed)  Tami Wilhon                                                                                                                                                                                                                               | T                                                                                                                                            | itle<br>Production                                                            | Clerk                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Tami Wilber                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              | 0.440.400                                                                     |                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Cami Wilber                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                               | HEE                                                                              | ar de la seconda |  |
|                                                                                                                                                                                                                                                                                                                              | S SPACE FOR FEDERAL                                                                                                                          |                                                                               | USE                                                                              | Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Approved by TORIG CON INSTA                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                               | Marine Marine Mary                                                               | Date 5/6/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Conditions of approval, if any, are attached. Approval o certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereon                                                                                                                                        | those fights in the subject leas                                                                                                             | Office CFC                                                                    |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |