Submit 3 Copies to Appropriate	E.	State o y, Minerals and N	of New Mex Natural Res			_/	Form C-103 Revised 1-1-89	cler	
District Office									
DISTRICT I P. O. Box 1980, Hobbs, NM 88240						WELL API NO. 30-015-24060			
DISTRICT II		Santa Fe, Nev			H	5. Indicate Type	ofLease		
811 S. 1st Street, Artesia, NM 88210-28	34							ee	
DISTRICT III					e	6. State Oil & G	as Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410									
						E-5232			
		ND REPORTS O				7 Lagon Name	or Linit Armon	ant No	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lease Name	or Unit Agreen		
	ORM C-101) FC	R SUCH PROPOSA	LS)			Big Eddy			
1. Type of Well Oil Well Gas W	ell XX	Other	-						
2. Name of Operator		Other				8. Well No			
Bass Enterprises Production	Company					93			
3. Address of Operator	70700 07				9	9. Pool Name o	or Wildcat Wr	lacat	
P. O. Box 2760 Midland, Te 4. Well Location	exas /9/02-2/0		,		H	Indian Plats (We	olfcamp)		
Unit Letter K	<u> </u>	1980 Feet From The	SOUTH	Line and	1980	Feet From The	WEST	Line	
Section	36 Township		Range		/IPM		EDDY	County	
	3196.2' G	ition (Show whether I R	JF, RKB, RT,	GR, etc.)					
11. Check A		Box to Indicate	Nature of	Notice, Repor	rt, or Of	ther Data			
NOTICE OF INT	ENTION T	O:		SUBSI	EQUE	NT REPOR	T OF:		
PERFORM REMEDIAL WORK	PLUG AN		REMEDIAL	NORK	<u> </u>	ALTERING CA	SING		
TEMPORARILY ABANDON	X CHANGE	PLANS		E DRILLING OPNS		PLUG AND AB	ANDONMENT		
PULL OR ALTER CASING			CASING TE	ST AND CEMENT	JOB				
OTHER:		□	OTHER:	,,			···		
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clea	arly state all pertinent	details, and g	ive pertinent dates,	, including	g estimated dat	e of starting any	/ proposed	
Bass Enterprises Production	Company requ	uests approval to tem	porarily aband	ion the referenced	well.				
A mechanical integrity test w	as performed v	with a BLM represent	ative (Gene hi	unt) witnessing. (12	2-8-00)				
A copy of the chart is attached	ed.				1 St	<u>5</u> 52728293	3037		
					18	-			
		1-9	-06			DEARIUM	45 56		
					۰.	OCD - APTE) 6		
					N.	UCD - ARTE	SIA 6		
					- Es	· .	JOY		
						<1913141EI	2 VV		
CERTIFIED	#P973-8	323-504	JDL:PGS						
I hereby certify that the information above is tru	and complete t	o the best of my knowle	dge and belief.						
SIGNATURE	EZZ	surg	TITLE:	Division Production	Superinter	ndent	DATE:	12/27/00	
TYPE OR PRINT NAME	Keith E. Bucy	()			T	FELEPHONE NO.	(915) 683-2277		
(This space for State Use)		/		1	<u></u>				
APPROVED BY:	und)	un	TITLE:	Jiew K	ép l	1	DATE:	1-9-01	
CONDITIONS OF APPROVAL, IF ANY:	1				,				
containe er ranne transforme, in ranne									

CONDITIONS	OF	APPROVAL,	١È	ANY