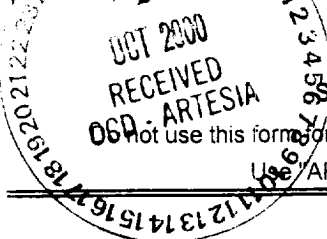


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
BLM - CRA
February 08, 1996

CIS P



SUNDRY NOTICES AND REPORTS ON WELLS
Oil Cons. Division
311 S. 1st Street
Artesia, NM 88210-2834

Base Designation and Serial No.
NM-01148

If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
BIG EDDY UNIT

8. Well Name and No.
BIG EDDY UNIT #95

9. API Well No.
30-015-~~2446~~ 24210

10. Field and Pool, or Exploratory Area
INDIAN FLATS (ATOKA) WEST

11. County or Parish, State
EDDY COUNTY, NEW MEXICO

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT" for such purposes.

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Bass Enterprises Production Company

3. Address and Telephone No.
P. O. Box 2760
Midland, Texas 79702-2760 (915) 683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 1980' FEL, UNIT LETTER B
SECTION 33, T21S-R28E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Updated Site Diagram</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (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.)

Please note the attached site diagram.

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

Signed Keith E. Bucy KEITH E. BUCY

Title DIVISION PROD. SUPT.

Date 10/19/00

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: