Submit 3 Copies
to Appropriate
District Office

State of New Mexico
E ..y, Minerals and Natural Resources Departmen.

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DEC 3 0 1993

WELL API NO.
30-015-04735

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
NM-1757-A

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 "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

James Ranch Unit

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

2. Name of Operator
Bass Enterprises Production Co.

8. Well No.
1

3. Address of Operator
P. O. Box 2760   Midland, Texas 79702   (915) 683-2277

9. Pool name or Wildcat
Los Medanos

4. Well Location

Unit Letter __O__ : __660__ Feet From The __South__ Line and __2009__ Feet From The __East__ Line

Section __36__   Township __22S__   Range __30E__   NMPM   __Eddy__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.   **Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull Tubing.

2. Replace bad joints.

3. Jet well in using coiled tubing

4. Return to Production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Greg S. Spencer_   TITLE Sr. Production Engineer   DATE 12/28/93

TYPE OR PRINT NAME   Greg S. Spencer   TELEPHONE NO. 915-683-2277

(This space for State Use)

APPROVED BY _____   SUPERVISOR, DISTRICT II   TITLE _____   DATE _____

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CONDITIONS OF APPROVAL, IF ANY: