

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-27927

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-5229-4

7. Lease Name or Unit Agreement Name:
James Ranch Unit

8. Well No.
#71

9. Pool name or Wildcat
Quahada Ridge, SE**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3322' GL

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.)

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

2. Name of Operator
Bass Enterprises Production Co. ✓

3. Address of Operator
P.O. Box 2760 Midland, TX 79702-2760

4. Well Location
Unit Letter A : 330' feet from the North line and 660' feet from the East line
Section 36 Township 22S Range 30E NMPM County Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Allocation Factors ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

** Bone Springs. Delaware. Wolfcamp

Please change the downhole commingled production allocation for the referenced well as follows:

	NEW		OLD	
	OIL	GAS	OIL	GAS
Delaware	71%	81%	90%	84%
Bone Springs	19%	16%	6%	13%
Wolfcamp	10%	3%	4%	3%

RECEIVED
OCD - ARTESIA

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

SIGNATURE Tami Wilber TITLE Production Clerk DATE 1/24/01

Type or print name Tami Wilber

Telephone No. 915 683-2277

(This space for State use)

APPROVED BY Richard O'Neil TITLE _____ DATE _____
Conditions of approval, if any: _____