

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: November 30, 2000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☐ Oil Well ☐ Gas Well ☐ Dry ☒ Other SWD-828
b. Type of Completion: ☐ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.,
Other Salt Water Disposal

2. Name of Operator

Bass Enterprises Production Co.

3. Address

P.O. Box 2760 Midland, TX 79702-2760

3a. Phone No. (include area code)

(915) 683-2277

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 2180' FSL & 1980' FWL, NESW

At top prod. interval reported below Same

At total depth Same

CONFIDENTIAL

14. Date Spudded

7/30/01

15. Date T.D. Reached

8/16/01

16. Date Completed

☐ D & A☐ Ready to Prod.

3/12/02

18. Total Depth: MD
TVD

7894'

19. Plug Back T.D.: MD
TVD

7776'

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

PE: AII GR; PE: TDLDCN/GR

22. Was well cored? ☒ No ☐ Yes (Submit analysis)Was DST run ☒ No ☐ Yes (Submit report)Directional Survey? ☐ No ☒ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt.(#ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
11"	8-5/8"	24#	0'	788'		331 sx		Surface	None
7-7/8"	5-1/2"	15.5, 17	0	7894'		1715'		75'	None

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-3/8"	4524'	4524'						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Delaware Injection	4546'	6760'	4546' - 6760'	.25	700	Injecting
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

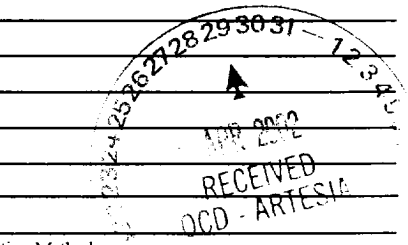
Depth Interval	Amount and Type of Material
4546' - 6760'	12,500 gals 15% NEFE HCl acid w/additives

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	



28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

28c. Production-Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
				Rustler	690'
				T/Salt	882'
				B/Salt	3599'
				T/Lamar Lime	3798'
				T/Ramsey Sand	3838'
				LBC "U" Sand	7194'
				LBC "8A"	7394'
				LBC "Y" Sand	7544'
				Bone Spring Lime	7664'
				Avalon Sand	7764'

32. Additional remarks (include plugging procedure):

This is a Salt Water Disposal Well. Administrative Order SWD-828
Casing pressured to 340 psi for 30 mins. held OK. Witnessed by Mike Bratcher - OCD.

33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (1 full set req'd) 2. Geologic Report 3. DST Report 4. Directional Survey
5. Sundry Notice for plugging and cement verification 6. Core Analysis 7. Other

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Tami WilberTitle Production ClerkSignature Tami WilberDate 4/24/02