

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-030457	
2. NAME OF OPERATOR Bass Enterprises Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2760, Midland, Texas 79702-2760		7. UNIT AGREEMENT NAME Poker Lake Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' EWL of Unit Letter B		8. FARM OR LEASE NAME Poker Lake Unit	
14. PERMIT NO. 30-015-23283		9. WELL NO. 50	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3439.6' GL		10. FIELD AND POOL, OR WILDCAT Big Sinks (Wolfcamp)	
		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA Sec 4, T25S, R31E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

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

17. 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.)*

As instructed, the oil in the water tank was recirculated with a pump truck, and the water was hauled to a disposal well.

All oil will be reported on Monthly Report operation.

This Sundry Notice documents fulfilled requirements of Incident of Non-Compliance #NM-067-90-JA-212

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

SIGNED

John R. Smith

TITLE

Division Drilling and
Production Superintendent

DATE

1-11-90

(This space for Federal or State office use)
(Noted by Adam Salameh)

APPROVED BY

TITLE

PERMISSIONS SUPERVISOR

DATE

1-18-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side