Form 9-331 (May 1963)

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GFOLO	GICAL	SURVEY
~~~~		2011461

ABANDONMENT*

_	GLOCOTICAL SORVET	NM 02860		
	SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
1.			7. UNIT AGREEMENT NAME	
	WELL GAS WELL OTHER	#201: 1 0 4004	1 _	
-	NAME OF OPERATOR	MAY 1 3 1981	POKER LAKE UNIT	
۷.			8. FARM OR LEASE NAME	
	PERRY R. BASS /	$\circ \circ \circ$	POKER LAKE UNIT	
3.	ADDRESS OF OPERATOR	A man of the state	9. WELL NO.	
	BOX 2760, MIDLAND, TX 797	ARTESIA, OFFICE	49	
4.	LOCATION OF WELL (Report location clearly and in accordance with an	v State requirements		
	See also space 17 below.) At surface	blate reduirements.	10. FIELD AND POOL, OR WILDCAT	
			WILDCAT 110 0	
	1980' FNL + 990' FWL OF SECTION-6	NIT LETTER E.	11. SEC., T., R., M., OR BLK. AND	
			SURVEY OR AREA	
14	PERMIT NO. 15 ELEVATIONS (Show whether p		SEC. 17, TZ45, R30E	
11.	PERMIT NO. 15. ELEVATIONS (Show whether D	OF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
	3748' GL 3276	o'KB	EDDY N.MEX.	
16.			, , , , , , , , , , , , , , , , , , ,	
10.	Check Appropriate Box To Indicate I	Other Data		
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
	TEGE WATER OVER ON			
	TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
	FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	

(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.) •

SEE ATTACHED SHEETS.

ABANDON*

CHANGE PLANS



(Other) DST No. 1 & CORES No. 1, 2, 3+4

18. I hereby certify that the foregoing is true and correc	t			
SIGNED Id. B. Murty, fr.		. Pard Clerk	DATE May 6	1981
(This space 167 Federal of State office used RD  APPROVED BY ROCER A. CHAPMAN  CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	
MAY 1 1 1981	• ,	<u>-</u>		

\$See Instructions on Reverse Side