

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil  
811 S. 1st  
Artesia, N.M.

Division  
FORM APPROVED  
BLM - CRA  
February 08, 1996  
A 289

C/SF

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir  
Use "APPLICATION FOR PERMIT" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 030458
2. Name of Operator Bass Enterprises Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 2760 Midland, Texas 79702-2760      (915) 683-2277	7. If Unit or CA, Agreement Designation POKER LAKE UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  660' FNL & 1980' FEL, Unit Letter B Section 9, T25S-R31E	8. Well Name and No. POKER LAKE UNIT #53
	9. API Well No. 30-015-23783
	10. Field and Pool, or Exploratory Area BIG SINKS (WOLFCAMP)
	11. County or Parish, State EDDY COUNTY, NEW MEXICO

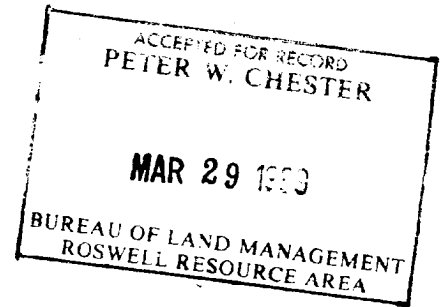
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Updated Facility Diagram</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

Please Note: Attached is an updated facility diagram.



CERTIFIED #P 969 424 582 - JDL:PGS

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

Signed Keith E. Bucy      KEITH E. BUCY      Title DIVISION PROD. SUPT.      Date 3/5/99

(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: