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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate
District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-27895 Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Azzec, NM 87410 E2206 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: POKER LAKE UNIT WELL X OTHER 2. Name of Operator 8. Well Na. 105 BASS ENTERPRISES PRODUCTION CO. 3. Address of Operator 9. Pool name or Wildcat POKER LAKE (DELAWARE) SW P.O. BOX 2760, MIDLAND. TX 79702-2760 4. Well Location Line and $_{-}$ 1980 660 Feet From The NORTH EAST Feet From The Township 24S EDDY 36 30E Section Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3461.1' DF 3475.7' KB 3476.7' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. DRILLED 11" HOLE TO 4205', 8-15-95. RAN 96 JTS. 8 5/8" 32# WC-50 LT&C CASING SET @4205". CEMENTED WITH 1210 SX 35/65 POZ C WITH ADDITIVES TAIL WITH 150 SX CLASS "C" CEMENT WITH ADDITIVES CIRCULATED 95 SX TO SURFACE. W.O.C. 14 HRS. DRILL CEMENT & TEST CASING TO 1000# OK. DRILLING 7 7/8" HOLE 8-16-95. RECEIVED AUG 22 1995 OIL CON. DIV. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SENIOR PRODUCTION CLERK 8-21-95 TYPE CRIPRINT NAME R.C. HOUTCHENS TELEPHONE NO. (915) 683-2277

(This space for State Up) DIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

AUG 2 4 1995

CONDITIONS OF AFFROVAL, IF ANY:

APTROVED BY-