

C157

Form 3160-5
 (August 1999)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

FORM APPROVED

OMB NO. 1004-0135

Expires: November 30, 2000

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well ☐ Oil Well ☒ Gas Well Other

2. Name of Operator
 BASS ENTERPRISES PRODUCTION CO

3a. Address P. O. BOX 2760
 MIDLAND, TX 79702

3b. Phone No. (include area code)
 915.683.2277 ARTESIA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980FEL 1830FNL

6-24-30

5. Lease Serial No.
 LC-068545

6. If Indian, Allottee or Tribe Name
 POKER LAKE UNIT

7. If Unit or CA/Agreement Name and/or No.

8. Well Name and No.
 POKER LAKE UNIT 153

9. API Well No.
 3001531412

10. Field and Pool, or Exploratory Area
 WILDCAT (MORROW)

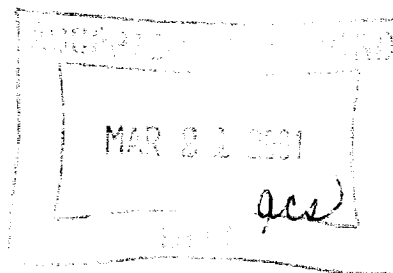
11. County or Parish, and State
 EDDY NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input checked="" type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be files within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Drilled 9-7/8" hole to 11,450' 1/12/01. Ran 260 joints 7-5/8" 33.7/29.7# P110 LT&C casing set at 11,450' Stage 1: Cemented w/550 sx Prem 50/50 w/additives. Tail w/100 sx Prem w/ additives. Stage 2: Cemented w/840 sx Prem w/additives. Tail w/100 sx Prem w/additives. Cap w/60 sx Prem w/additives. Circulated 120 sx to pit. Est TOC @ 8193' WOC 26.5 hours. Drill cement, test casing to 2500 psi, ok 1/15/01. Drilled 6-1/2" hole to 14,515' 3/2/01. Ran 77 joints 5-1/2" 20# P110 Hydrill liner set 11,127' - 14,513'. Cemented w/300 sx Prem w/additives. Tail w/ 50 sx Prem w/additives. Top of cement @ 11,127'. Rig Released @ 5:00 p.m. 3/6/01 Prep for completion.



Electronic Submission #3112 verified by the BLM Well Information System for BASS ENTERPRISES PRODUCTION CO Sent to the Carlsbad Field Office

Name (Printed/Typed) TAMI WILBER	Title AUTHORIZED REPRESENTATIVE
Signature	Date 03/21/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____