

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 S. 1st Street, Artesia, NM 88210-2834

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-27849

5. Indicate Type of Lease

State ☒ Fee ☐

6. State Oil & Gas Lease No.

E-5229

**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"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

BASS ENTERPRISES PRODUCTION CO.

3. Address of Operator

P O BOX 2760; MIDLAND, TEXAS 79702-2760 915-683-2277

4. Well Location

Unit Letter M : 990 Feet From The WEST Line and 660 Feet From The SOUTH Line

Section 36 Township 22S Range 30E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3290' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: EXTEND APD ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

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.

BASS ENTERPRISES PRODUCTION CO. WISHES TO EXTEND THIS APPLICATION TO DRILL FOR ANOTHER TWELVE (12) MONTHS FROM 8/10/97 TO 8/10/98.

*LAST EXTENSION  
APPROVED*

*7/26/97*

*Post ID-2  
9-26-97  
Exp INT  
7-26-97*

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*William R. Dannels*

William R. Dannels

TITLE:

Division Drilling Superintendent

DATE:

6/20/97

TYPE OR PRINT NAME

ELEPHONE NO.

(This space for State Use)

APPROVED BY:

TITLE:

DATE:

CONDITIONS OF APPROVAL, IF ANY: