

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP!  
(Other instruction, reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

*clsf*

RECEIVED

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" for such proposals.)

1. 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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 1980' FSL & 1980' FWL of Unit Letter K

5. LEASE DESIGNATION AND SERIAL NO.  
NM 0522A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
---

7. UNIT AGREEMENT NAME  
Poker Lake Unit

8. FARM OR LEASE NAME  
Poker Lake Unit

9. WELL NO.  
58

10. FIELD AND POOL, OR WILDCAT  
Big Sinks Wolfcamp (Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, 24S, 31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

14. PERMIT NO.  
30-015-24190

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3493' GL 3519' KB ARTESIA OFFICE

MAR 10 10 25 AM '89

RECEIVED

MAR 16 '89

AT TOTAL DEPTH: Same As Above

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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.) \*

1. Move in and Rig up Wireline Co.
2. Run in hole with 1 9/16" RTG Deep PML Gun with 4 gm charges.
3. Reperforate interval 12,108' - 12,147' (Wolfcamp) with 2 SPF, Total 40 shots.
4. Acidized with 1500 gals. 15% Acid and additives using 96 ball sealers.
5. Return to production final report.

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

SIGNED *R.C. Glass* TITLE Senior Production Clerk DATE 3-9-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD) DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side