Form 9-331	Drawor 20 Artesia, NM 88210	Form Approved. Budget Bureau No. 42–R1424
ECEIVED BY	UNITED STATES	5. LEASE
DE	ERARTMENT OF THE INTERIOR	LC-071988 (B)
AR 29 1985	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
O. SURDRY N	TICES AND REPORTS ON WELLS	S 7. UNIT AGREEMENT NAME James Ranch Unit
	a f r proposals to drill or to deepen or plug back to a diffe 1-C for such proposals.)	8. FARM OR LEASE NAME James Ranch Unit
well L	gas well X other	9. WELL NO. 16
 2. NAME OF OPERATOR Perry R. Bass 3. ADDRESS OF OPERATOR P 0 Box 2760 Midland TX 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 		10. FIELD OR WILDCAT NAME Wildcat - Maran
		11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF below.)	WELL (REPORT LOCATION CLEARLY. See space	Sec. 17, T23S, R31E
AT SURFACE: 1980' FNL & 1980' FWL AT TOP PROD. INTERVAL: Same as above.		
AT TOTAL DE	PTH: Same as above.	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		TICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 3316.8'
REQUEST FOR A	PPROVAL TO: SUBSEQUENT REPORT OF	
FRACTURE TREAT SHOOT OR ACIDI REPAIR WELL PULL OR ALTER MULTIPLE COMPI CHANGE ZONES ABANDON* (other) See	ZE CASING CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
including esti	ROPOSED OR COMPLETED OPERATIONS (Clearly imated date of starting any proposed work. If we d true vertical depths for all markers and zones pe	y state all pertinent details, and give pertinent dates all is directionally drilled, give subsurface locations and ertinent to this work.)*
1. Propo	used total depth change from 14,7	'00' to 14,750'
2. A 90	day extension from date of Sundr	y notice.
3. All o	other items will remain unchanged	1.
Approved for Ending <u>6</u> -	<u>Z</u> month period 21-85	
Subsurface Safety	y Valve: Manu. and Type	Set @ Ft
18. I hereby certi	fy that the foregoing is true and correct Assistant	Ingineer_ DATE March 21, 1985
SIGNED _	MAR (MUR) TITLEUPTING	IIY IIIEEI. DATE TILL CIT CIT 9 - 1200

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*See Instructions on Reverse Side

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