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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☐   Fee ☑

5. State Oil & Gas Lease No.

2135 9A

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.

OIL WELL ☑   GAS WELL ☐   OTHER-

7. Unit Agreement Name
_____

2. Name of Operator

BASS ENTERPRISES PRODUCTION Co.

8. Farm or Lease Name

MONTEITH

3. Address of Operator

BOX 2760, MIDLAND, TX 79702

9. Well No.

1

4. Location of Well

UNIT LETTER _*P*_ , *810* FEET FROM THE *SOUTH* LINE AND *660* FEET FROM

10. Field and Pool, or Wildcat
NE Lovington Penn

THE *EAST* LINE, SECTION *13* TOWNSHIP *16-S* RANGE *36-E* NMPM.

15. Elevation *(Show whether DF, RT, GR, etc.)*

3850.7' GL   3868.7' KB

12. County

LEA

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER _____ ☐		OTHER *5½" CASING*	☑

17. 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 7⅞" HOLE TO 11,390'. RAN 5½" 17# N-80 LT+C CASING.
SET AT 11,389.52'. CEMENTED WITH 200 SKS PACESETTER "H" PLUS
ADDITIVES AND TAILED WITH 640 SKS CLASS "H" PLUS ADDITIVES. PLUG
DOWN AT 4:00 PM 10-5-80. TOC 8950'. RAN LOGS - PERFORATED STRAWN -
ACIDIZED - RELEASED RIG @ 12:30 AM 10-8-80.*

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

SIGNED _*H. H. Newby, Jr.*_   TITLE _*Sr. Prod. Clerk*_   DATE *Nov. 7, 1980*

APPROVED BY ___ Orig. Signed by Jerry Sexton   TITLE ___   DATE ___

CONDITIONS OF APPROVAL, IF ANY: Dist. 1 Supv.