

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-025-26958
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Lease Name or Unit Agreement Name <del>SCR-389</del> Sims
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Well No. 1
2. Name of Operator Bass Enterprises Production Company		9. Pool name or Wildcat Bell Lake, So Morrow
3. Address of Operator P. O. Box 2760 Midland, Texas 79702		
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>24S</u> Range <u>33E</u> NMPM <u>Lea County</u> County		
10. Proposed Depth		11. Formation
12. Rotary or C.T.		
13. Elevations (Show whether DF, RT, GR, etc.) DF 3601', GR 3580'	14. Kind & Status Plug. Bond	15. Drilling Contractor
16. Approx. Date Work will start		

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

1. Set 7" CIBP @ 14,000'. Dump bail 35' Class H cement.
2. Set 9-5/8" packer @ 12,125'. Run tubing and Vanngun assembly.
3. Latch into packer. Perforate Wolfcamp intervals 12,228-12,252' and 12,329-12,394'.
4. Acidize perms w/ 9000 gals 15% HCl.
5. Perform back pressure test. Put well on production.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Greg Spencer TITLE Production Engineer DATE 10-21-92  
TYPE OR PRINT NAME Greg Spencer TELEPHONE NO. (915) 683-22

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 26 '92