

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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.

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Disposal

8. Well No.

1

9. Pool name or Wildcat

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 ☐ SALT WATER DISPOSAL WELL
OTHER

2. Name of Operator
BASIN DISPOSAL, INC.

3. Address of Operator c/o Walsh Engr. & Prod. Corp.
P. O. Drawer 419 Farmington, New Mexico 87499

4. Well Location
Unit Letter F : 2207 Feet From The North Line and 1870 Feet From The West Line
Section 3 Township 29N Range 11W NMPM San Juan County

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

5710' GL

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acid Treatment ☒

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.

April 16, 1990

Treat well with 5000 gallons, 6.0%, HCL acid. Average treating pressure - 1200 psig, maximum treating pressure - 1300 psig. Average injection rate - 1.50 BPM.
Injection pressure before treatment - 1120 psig. After - 1000 psig.

RECEIVED

APR 20 1990

OIL CON. DIV

DIST. 3

FOR: BASIN DISPOSAL, INC.

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

ORIGINAL SIGNED BY EWELL N. WALSH TITLE Agent DATE 4/18/90
SIGNATURE Ewell N. Walsh, P.E.
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT 3 DATE APR 20 1990
CONDITIONS OF APPROVAL, IF ANY: