

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 DP, RKB, RT, GR, etc.)

5710' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER: OIL CON. DIV

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acid Treatment

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2/19/91

Treat well with 6,820 gallons, 11.0%, HCL acid. Average treating pressure - 900 psig, maximum treating pressure - 1200 psig. Average injection rate - 1.80 BPM. Injection pressure before treatment - 1600 psig. After 1440 psig.

FOR: BASIN DISPOSAL, INC.

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

SIGNATURE

Ewell N. Walsh

TITLE

Agent

DATE 2/27/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

DATE

FEB 28 1991

CONDITIONS OF APPROVAL, IF ANY: