

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Disposal
8. Well No. 1
9. Pool name or Wildcat

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5710' GL
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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Acid Treatment <input checked="" type="checkbox"/>

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.

June 20, 1991

Treat well with 5000 gallons, 15.0% HCL acid. Average treating pressure-1600 psig, maximum treating pressure-1600 psig. Average injection rate - 5.0 BPM. Injection pressure before treatment - 1450 psig. After - 1200 psig.

RECEIVED

AUG 2 1991

OIL CON. DIV.
DIST. 3

FOR: BASIN DISPOSAL, INC.

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

ORIGINAL SIGNED BY **EWELL N. WALSH** Agent DATE 6/26/91
SIGNATURE _____ TITLE _____
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

Original Signed by **CHARLES GHOLSON**

DEPUTY OIL & GAS INSPECTOR, DIST. #3

AUG 02 1991

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: