

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.

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

Disposal

2. Name of Operator  
BASIN DISPOSAL, INC.

8. Well No.

1

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

9. Pool name or Wildcat

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.)

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.

July 30, 1991

Treat well with 6000 gallons, 6.0% HCL Acid. Average treating pressure - 1100 psig, maximum treating pressure - 1100 psig. Average injection rate - 4.50 BPM. Injection pressure before treatment - 1100 psig. After - 1050 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

SIGNATURE EWELL N. WALSH  
Ewell N. Walsh, P.E.

TITLE Agent

DATE 8/1/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

APPROVED BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 02 1991