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 OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II

Santa Fe, New Mexico 87504-2083

| 5. | Indicate Type of Lease | | _ |
|----|------------------------|-----|--------|
| | STATE | FEE | \Box |
| | | | |

P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aziec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: SALT WATER DISPOSAL WELL Disposal OTHER WELL 8. Well No. 2. Name of Operator BASIN DISPOSAL, INC. 3. Address of Operator C/O Walsh Engr. & Prod. Corp. 9. Pool name or Wildcat 87499 Farmington, N.M. P. O. Drawer 419 4. Well Location Line and __1870 West Line North 2207 Feet From The Feet From The Unit Letter San Juan · 11W County thip 29N Range 11W

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 29N NMPM Township 5710'GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING Acid Treatment OTHER: OTHER:

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.

September 5, 1991

Treat well with 5000 gallons, 15.0% HCL acid. Average treating pressure 1150 psig, maximum treating pressure 1300 psig. Average injection rate 3.0 BPM.

Treat injection line and well. Before treatment, pump 1720 psig, well 1200 psig. After treatment, pump 1200 psig, well 1200 psig.

| FOR: BASIN DISPOSAL, INC. I hereby certify that the information above is TRICING Dest of my knowled EWELL N. WALSH EWELL N. WALSH EWELL N. WALSH, P.E. | Ige and belief. Agent mus | DIST. 5 9/6/91 TELUTIONE NO. |
|---|-----------------------------|-------------------------------|
| (This space for State Use) Original Signed by FRANK T. CHAVEY APPROVED BY | SUPERVISOR DISTRICT # 3 | CFP 0 9 1991 |