Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revise	d 1-1-89

DISTRICTI

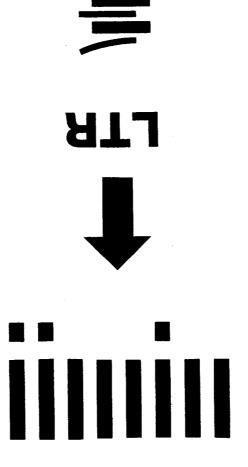
OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE XXX	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
OLINDRY NOTICE	C AND DEDODES ON M	ICI I C		
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.)		7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL WELL Salt Water Disposal Well OTHER			Disposal	
2. Name of Operator		8. Well No.		
BASIN DISPOSAL, INC.	C Devis A comm		9. Pool name or Wildcat	
3. Address of Operator C/O Walsh Eng	gr. & Prod. Corp.	97/00	9, Pool name of Whocat	
P. O. Drawer 419 Farm	ington, New Mexico	0/433		
4. Well Location Unit Letter $F : 2207$ Feet From The North Line and 1870 Feet From The West Line				
Samina 3	Township 29N	Range '11W	NMPM San Juan County	
Section (10. Elevation (Show when 5710 'GL	her DF, RKB, RT, GR, etc.)		
11. Check Ap	propriate Box to Indica	te Nature of Notice, F	Report, or Other Data	
NOTICE OF INTE		SU	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L	
OTHER:		OTHER: Ac	id Treatment XX	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent detail	s, and give pertinent dates, inc	luding estimated date of starting any proposed	
September 17, 1991				
neig maximum t	reating pressure -	1020 psig. Aver	erage treating pressure - 1000 rage injection rate - 2.5 BPM. After - 1200 psig.	

THE TARREST THE	C	AL CON. DIV.
FOR: BASIN DISPOSAL, INC.		DIST. 3
I hereby certify that the information above is the control of the	owiedge and belief. Agent THE	9/17/91 ·
Ewell N. Walsh Type or print name		TELEPHONE NO.
(This space for State Use)		Sto 18 18
Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICTORS	DATE

CONDITIONS OF APPROVAL, IF ANY:



Job separation sheet

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 DIVIS P.O. Box 2088	SION WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 BAD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	CK TO A 7. Lease Name or Unit Agreement Name		
1. Type of Well: OR. GAS Salt Water Disposal Well WELL OTHER	1 Disposal		
2. Name of Operator BASIN DISPOSAL, INC.	8. Well No.		
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 as	d 1870 Feet From The West Lin		
Section 3 Township 29N Range 11W	NMPM		
10. Elevation (Show whether DF, RKB, RT, C	iR, etc.)		
11. Check Appropriate Box to Indicate Nature of N NOTICE OF INTENTION TO:	Notice, Report, or Other Data SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENC	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TE	STAND CEMENT JOB LAND Acid Treatment		
OTHER: OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.	dates, including estimated date of starting any proposed		
January 24, 1992			
Treat well with 5880 gallons, 5.5% HCL aci 1000 psig, maximum treating pressure - 150 3.0 BPM. Injection pressure before treatm	d. Average treating pressure - 00 psig. Average injection rate - nent - 1435 psig. After - 1200 psig.		
	FEB1'91892		
FOR: Basin Disposal, Inc.	DIL CON. DIV.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DIST. 3		
	ineer <u>'DATE 2/17/92</u>		
TYPE OR PRINT NAME	TELPPHONE NO.		
CD Land Control (100)	^ 4		

SUPERVISOR DISTRICT # 3

FEB 1 9 1992

Original Signed by FRANK T. CHAVEZ

CONDITIONS OF APPROVAL, IF ANY: