

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 <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

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"/> OTHER <input type="checkbox"/> Salt Water Disposal Well	
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 <u>F</u> : <u>2207</u> Feet From The <u>North</u> Line and <u>1870</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>29N</u> Range <u>11W</u> NMPM <u>San Juan</u> County	
10. Elevation (Show whether DF, 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 <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: <u>Acid Treatment</u> <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.

September 17, 1991

Treat well with 1500 gallons, 15.0% HCL acid. Average treating pressure - 1000 psig, maximum treating pressure - 1020 psig. Average injection rate - 2.5 BPM. Injection pressure before treatment - 1200 psig. After - 1200 psig.

RECEIVED

SEP 18 1991

OIL CON. DIV.

DIST. 3

FOR: BASIN DISPOSAL, INC.

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

EWELL N. WALSH

Agent

DATE 9/17/91

SIGNATURE Ewell N. Walsh

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 3

DATE

CONDITIONS OF APPROVAL, IF ANY:

Job separation sheet



LTR



DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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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

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 DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

January 24, 1992

Treat well with 5880 gallons, 5.5% HCL acid. Average treating pressure -
1000 psig, maximum treating pressure - 1500 psig. Average injection rate -
3.0 BPM. Injection pressure before treatment - 1435 psig. After - 1200 psig.

RECEIVED

FEB 19 1992

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.

SIGNATURE Paul C. Thompson

TITLE Engineer

DATE 2/17/92

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 19 1992

CONDITIONS OF APPROVAL, IF ANY: