

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

SEP 05 2013

WELL API NO. 30-025-28083
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. SWD 119
7. Lease Name or Unit Agreement Name STATE AJ #
8. Well Number 1
9. OGRID Number 168776
10. Pool name or Wildcat DEVONIAN

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 checked="" type="checkbox"/> Other SWD	7. Lease Name or Unit Agreement Name STATE AJ #
2. Name of Operator BASIN ALLIANCE LLC	8. Well Number 1
3. Address of Operator P.O. Box 1378 Hobbs, NM 88241	9. OGRID Number 168776
4. Well Location Unit Letter G : 2310 feet from the North line and 2310 feet from the EAST line Section 33 Township 18S Range 36E NMPM County LEA	10. Pool name or Wildcat DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3806'	

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: **Repair tubing leak** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OR PLUG AND ABANDON ☐
CASING/CEMENT JOB ☐
Per Underground Injection Control Program Manual
11.0 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

WE PLAN ON POOH with the tubing. Replace bad tubing + RIH packer.
MIRU Chochaw Well Service.

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours

Prior to the beginning of operations

Spud Date:

Rig Release Date:

CONDITION OF APPROVAL:
UIC program requires Bradenhead test done Annual. After this workover is done, notify OCD Hobbs office to witness Bradenhead test and MIT test.

Condition of Approval: notify

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

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

SIGNATURE **Huagel Jr** TITLE **Member** DATE **9-5-13**
Type or print name **Hugo Naegele Jr** E-mail address: **hnaegele55@bajabb.com** PHONE: **575-392-5999**
For State Use Only

APPROVED BY: **[Signature]** TITLE **Dist. MGR** DATE **9-9-2013**

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER.

CONDITION OF APPROVAL: NOTIFY OCD DISTRICT OFFICE 24 HOURS PRIOR TO RUNNING MIT TEST & CHART

SEP 09 2013