

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

JAN 10 2014

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

RECEIVED

WELL API NO. 3002526884
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE XXX <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Eunice No# 001 BW- 002
8. Well Number #1
9. OGRID Number
10. Pool name or Wildcat Salado
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐ Other---BRINE

2. Name of Operator
Basic Energy Services

3. Address of Operator
PO Box 10460 Midland, TX 79702

4. Well Location
Unit Letter 0 : 630 feet from the South line and 2427 feet from the East line
Section 34 Township 21S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK XX PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☒
CASING/CEMENT JOB ☐
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Basic Energy Services LP respectively request permission to replace broke well head .

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Mark Hoskins TITLE Area Manager (Basic Energy Services) DATE 1/9/14

Type or print name: Mark Hoskins E-mail address: mark.hoskins@basicenrgyservices.com Telephone No. 575-736-1366

For State Use Only

APPROVED BY: Mark Hoskins TITLE Compliance Officer DATE 1/14/2014
Conditions of Approval (if any):

JAN 14 2014