

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 July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

AUG 27 2018

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

RECEIVED

WELL API NO. 30-025-27682

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Lea Fee

8. Well Number 2

9. OGRID Number

246368

10. Pool name or Wildcat

SA

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 2WD - 291

2. Name of Operator

Basic Energy Services LP.

3. Address of Operator

801 Cherry Street Suite 2100 Fort Worth TX 76102

4. Well Location

Unit Letter A : 850 feet from the North line and 950 feet from the East line

Section 17 Township 23S Range 27E 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Completion report July 17th- Aug 2nd Pulled out of hole with old 2 7/8" production tubing and set aside. Ran in hole with 2 7/8" work string. Started washing out fill with bit then switched to bailer. Cleaned out to 359' below last perf. Went back in with bit and scraper and cleaned out well bore. Acidized well with 4500 gal of 15% acid / xylene mix. Ran in the hole with new 2 7/8" IPC tubing and new Arrow set packer with on / off tool. Packer set at 4040'. MIT witnessed by NM OCD. Well back in production Aug 2nd

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE Yard Manager

DATE 08-21-18

Type or print name Gary Pritchett

E-mail address: gary.pritchett@basicenergyservices.com PHONE: 432-213-6641

For State Use Only

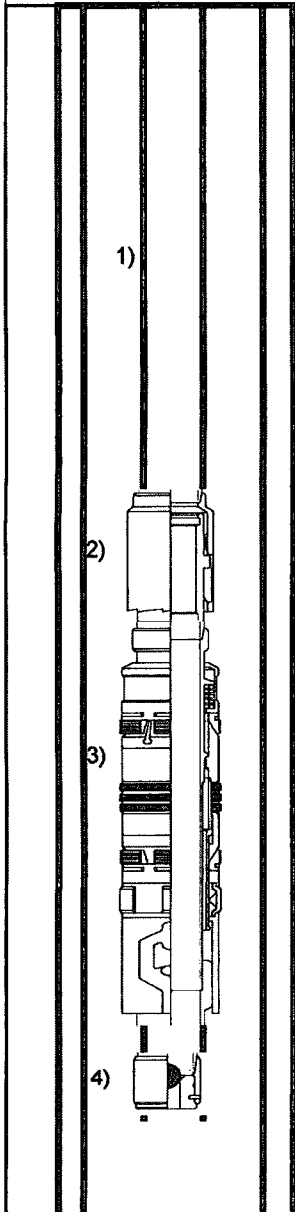
APPROVED BY:

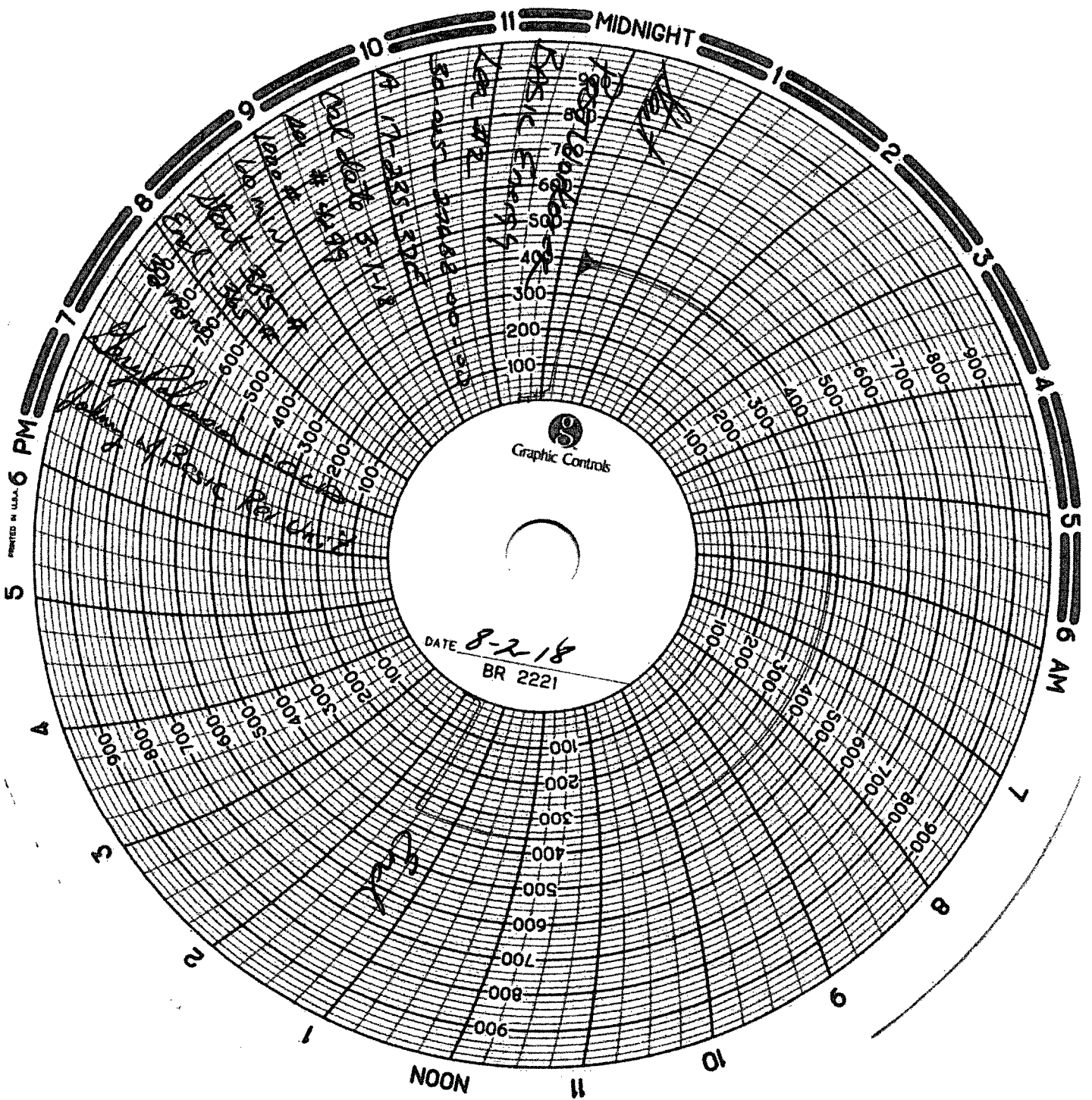
TITLE

DATE

Conditions of Approval (if any):

RSDMS-CHART-V

[illegible]



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name BASIC Energy Serv.		API Number 30-025-27682	
Property Name LEA		Well No. #2	

7. Surface Location

UL Lot A	Section 17	Township 23S	Range 37E	Feet from 850	N/S Line N	Feet From 950	E/W Line E	County LEA
--------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJECTOR	SWD	OIL PRODUCER OIL	GAS	DATE 8-2-18
------------------	-----------	----------------	-----------	-----------------	------------	---------------------	-----	-----------------------

OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	0	N/A	N/A	0	0
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflow if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: Kay Peterson		

INSTRUCTIONS ON BACK OF THIS FORM