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

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
June 19, 2008

WELL API NO. 30-015-25141
5. Indicate Type of Lease STATE ☐ FEE ☐
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 BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

DEC 23 2008
OCD-ARTESIA

7. Lease Name or Unit Agreement Name: Pecico

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD
8. Well Number # 1

2. Name of Operator: Basic Energy Services, L.P
9. OGRID Number: 246368

3. Address of Operator: P.O. Box 10460, Midland TX 79702
10. Pool name or Wildcat

4. Well Location
Unit Letter ____ : ____ feet from the ____ line and ____ feet from the ____ line
Section 20 Township 23S Range 28E NMPM County

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER Pull Tubing	☐			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.

Possible hole in tubing or tubing packer failed. moving Pulling unit on location to pull tubing to check for holes in the tubing or a malfunction in packer. Will run MIT test. Will notify OCD 24 hours in advance. will supply OCD with MIT Test Charts.

Spud Date: 12-19-08 Rig Release Date:

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

SIGNATURE _____ TITLE Area Supervisor DATE 12-22-08

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 12/23/08

Conditions of Approval (if any):