

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
 RECEIVED
 SEP 05 2013

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

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
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3806'

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-103) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other **SWD**

2. Name of Operator
Basin Alliance LLC

3. Address of Operator
P.O. Box 1378 Hobbs, NM 88241

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**

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

- NOTICE OF INTENTION TO:**
- PERFORM REMEDIAL WORK
 - TEMPORARILY ABANDON
 - PULL OR ALTER CASING
 - DOWNHOLE COMMINGLE
 - PLUG AND ABANDON
 - CHANGE PLANS
 - MULTIPLE COMPL

- SUBSEQUENT REPORT OF:**
- REMEDIAL WORK
 - COMMENCE DRILLING OR RE-DRILLING
 - CASING/CEMENT JOB
 - ALTERING CASING
 - 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: **Repair tubing leak**

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. MIRA 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 Hugo Naegele 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