Submit I Copy To Appropriate District Construction State of New Mexico Office Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		Form C-103
		October 13, 2009 WELL API NO.
District II AUG 122014 CONSERVATION 1301 W. Grand Ave., Artesia, NM 88210	DIVISION	3002532394
		5. Indicate Type of Lease STATE FEE xx
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
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		7. Lease Name or Unit Agreement Name
PROPOSALS.)		Salado Brine-well.
1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other – Brine		002
2. Name of Operator BASIC Energy Services		9. OGRID Number 246368
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 2920 Midland Tx. 79702 4. Well Location		BSW! SALADO
Unit Letter <u>A</u> : <u>1305</u> feet from the <u>North</u> line and <u>60</u> feet from the <u>East</u> line		
Section 20 Township 25 S Range 37 E 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: SUBSEQUENT REPORT OF:		
FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		·
PULL OR ALTER CASING DULTIPLE COMPL DOWNHOLE COMMINGLE	CASING/CEMEN	I JOB
_		_
OTHER: Pull tubing out of hole OTHER: Discribe 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.		
One Call made test anchors on 8/13/14		
Rig up Service Unit Rig extract tubing out of well bore laying down on seals.		
Place sub with control valve back into slips.		
Continue to monitor well. Turned over to Plugging Department		
Spud Date: Rig Release Da	te:	
L baraby cortify that the information above is true and complete to the ba	st of my knowledge	to and holiof
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE		
Type or print name <u>DAVID ALVARADO</u> E-mail address: <u>david.alvarado @basicenergyservices.com</u> PHONE: <u>575.746-2072</u>		
For State Use Only		
APPROVED BY: Maleur Stown TITLE Dist. Supervisor DATE 8/12/2014 Conditions of Approval (If ang):		
AUG 1 2 2014		