

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

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

HOBBS OGD
 MAY 22 2017
 RECEIVED

| | |
|--|---|
| WELL API NO. | 30-025-07701 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name | Hobbs SWD |
| 8. Well Number | 16 |
| 9. OGRID Number | 246368 |
| 10. Pool name or Wildcat | |
| 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

2. Name of Operator
Basic Energy Services L.P.

3. Address of Operator
 801 Cherry Street Ft Worth, TX 76102

4. Well Location
 Unit Letter **P** : **660** feet from the **SOUTH** line and **660** feet from the **EAST** line
 Section **16** Township **19S** Range **38E** NMPM County **LEA**

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

| | | | |
|--|---|---|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: Bradenhead and Csg. MIT <input checked="" type="checkbox"/> | |

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.

Please accept the attached bradenhead test report & casing MIT conducted on 5-11-17

The attached included with this is Bradenhead Test Report, Chart of our MIT and Chart Meter calibration of instrument # 4299.

Witnessed by Kerry Fortner District I OCD 5-11-17

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 David Alvarado TITLE Fluid Sales Mgr. DATE 5-17-17

Type or print name David Alvarado E-mail address: david.alvarado@basicenergyservices.com PHONE: (575) 746-2072

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 5-24-17
 Conditions of Approval (if any):

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,
NM 88240

T0: Basic Energy

DATE: 12/16/16

This is to certify that:

I, Tony Flores, Technician for American Valve & Meter Inc. has checked the calibration of the following instrument.

8" Pressure recorder

Ser# 4299

at these points.

| Pressure # | | | * Pressure # | | |
|------------|-------|--------|--------------|-------|------|
| Test | Found | Left | Test | Found | Left |
| - 0 | - | - 0 | - | - | - |
| - 500 | - S | - 500 | - | - | - |
| - 700 | - A | - 700 | - | - | - |
| - 1000 | - M | - 1000 | - | - | - |
| - 200 | - E | - 200 | - | - | - |
| - 0 | - | - 0 | - | - | - |

Remarks: _____

Signature: Tony Flores