

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

AUG 27 2018

RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-27682</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>2WD - 291</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>Basic Energy Services LP.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>801 Cherry Street Suite 2100 Fort Worth TX 76102</b>		7. Lease Name or Unit Agreement Name <b>Lea Fee</b>
4. Well Location Unit Letter <b>A</b> : <b>850</b> feet from the <b>North</b> line and <b>950</b> feet from the <b>East</b> line Section <b>17</b> Township <b>23S</b> Range <b>27E</b> NMPM County <b>Lea</b>		8. Well Number <b>2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>246368</b>
10. Pool name or Wildcat <b>SA</b>		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> 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 17<sup>th</sup>- Aug 2<sup>nd</sup> 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 *Gary Pritchett* 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: *Mary Brown* TITLE AO/I DATE 8/27/2018

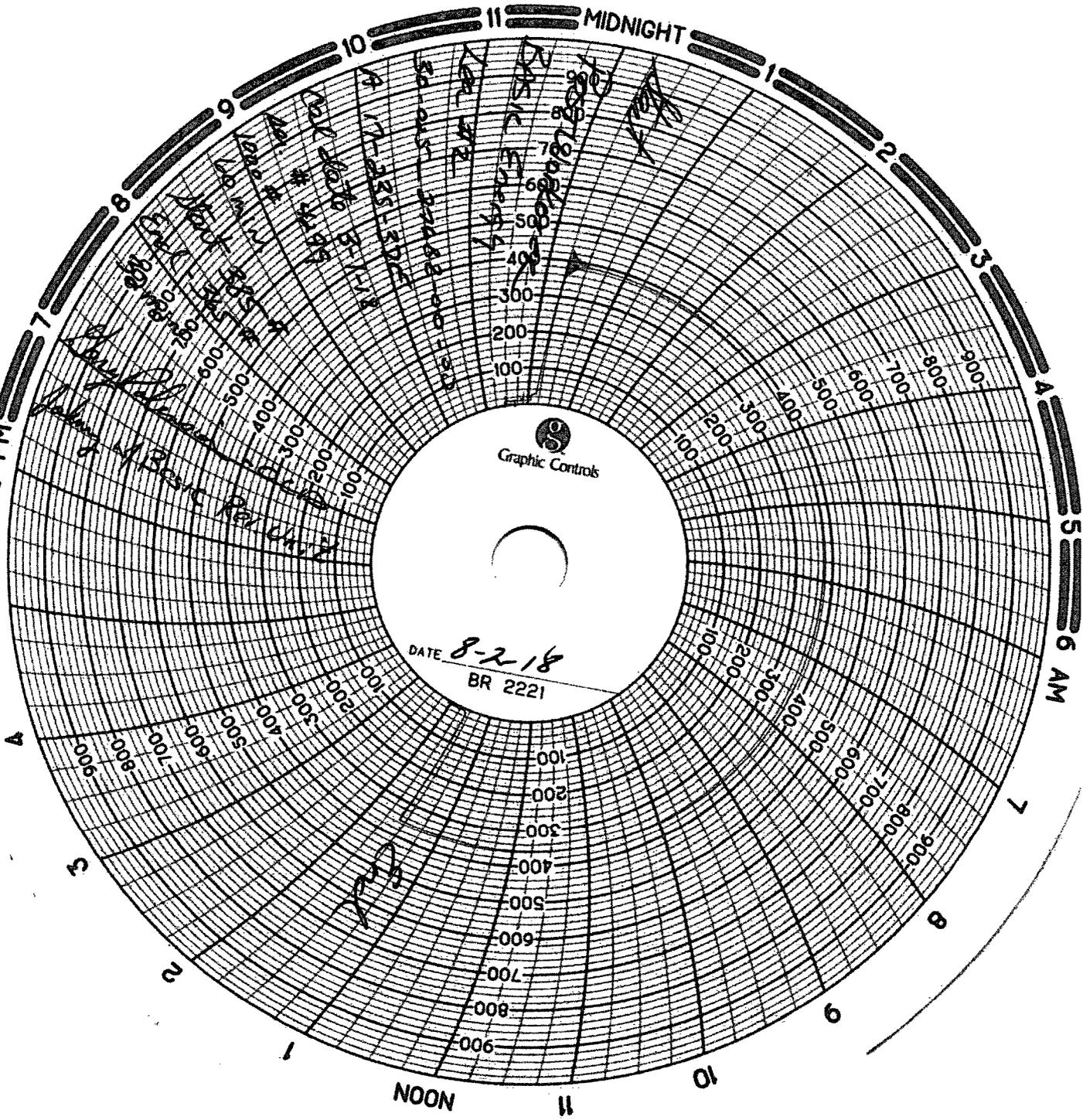
Conditions of Approval (if any):

RSDMS-CHART-V



PRINTED IN U.S.A. 6 PM

5



Graphic Controls

DATE 8-2-18  
BR 2221

MIDNIGHT

NOON

6 AM

5

4

3

2

1

7

8

9

10

11

1

2

3

4

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

BRADENHEAD TEST REPORT

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

7. Surface Location

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

Well Status

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	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: <b>Ray Calson</b>	

INSTRUCTIONS ON BACK OF THIS FORM