

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 OGD

NOV 19 2018

RECEIVED

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

WELL API NO.

30-025-07701

5. Indicate Type of Lease  
STATE ☒ FEE ☒

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

SWD, SAN ANDRES

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 - SALT WATER DISPOSAL

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

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

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.

UNSET PACKER AND REMOVED PACKER AND PRODUCTION STRING. RAN IN HOLE WITH 7 7/8" BIT AND CLEANED OUT FILL. TO PLUG. RAN IN HOLE WITH WORK PACKER AND DID 8000 GAL ACID JOB AT 15%. RAN IN HOLE WITH NEW AS 1 PACKER ON/OFF TOOL AND NEW 3 1/2" JSS COATED IPC 150S. PACKER SET AT 4016.75' WITH JOINTS 1-6' AND 1-2'. MIT PASSED/WITNESSED OGD

Spud Date:

Rig Release Date:

11-14-18

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

SIGNATURE

TITLE MANAGER

DATE 11-19-18

Type or print name

GARY PRITCHETT

E-mail address:

GARY.PRITCHETT@BASICENERGYSERVICES.COM

For State Use Only

APPROVED BY:

Mary Brown

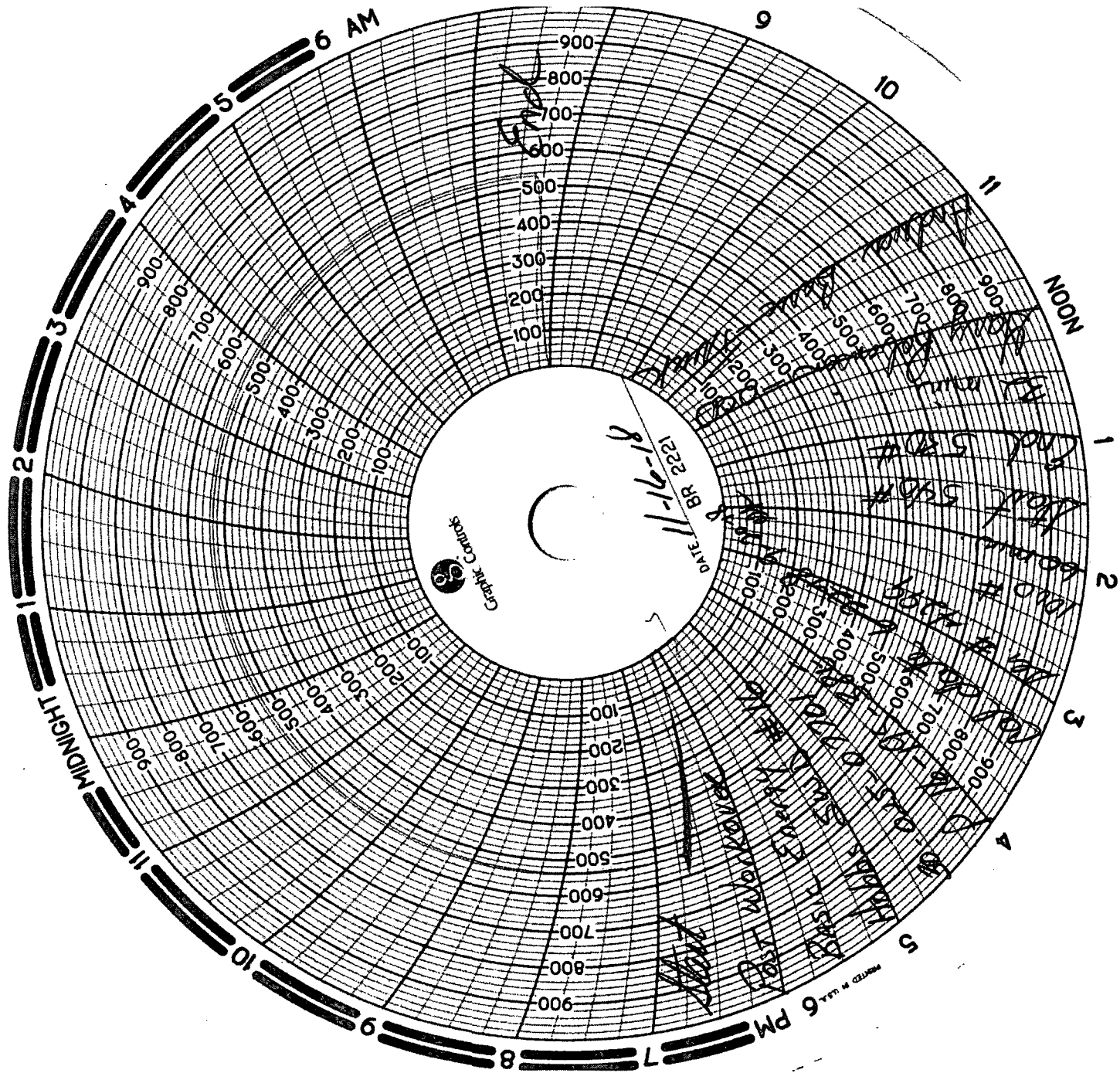
TITLE

AO/I

DATE 11/26/2018

Conditions of Approval (if any):

PK set @ 4016' 6/26/2012.



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

BRADENHEAD TEST REPORT

Operator Name <b>BASIC Energy</b>		API Number <b>30-025-07701</b>	
Property Name <b>Hobbs SWD</b>		Well No. <b>#16</b>	

2. Surface Location

UL - Lot <b>P</b>	Section <b>16</b>	Township <b>19S</b>	Range <b>38E</b>	Feet from <b>660</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE <b>11-16-18</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>VAC</b>
Flow Characteristics					
Pull	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / 0</b>	CO2 —
Steady Flow	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / 0</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / 0</b>	GAS —
Down to nothing	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / 0</b>	
Water	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / 0</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <b>Shay Roberson</b>			

**575-399-3220**

INSTRUCTIONS ON BACK OF THIS FORM