

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 87404
District IV - (505) 476-1111
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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 'A3'
8. Well Number 21
9. OGRID Number
10. Pool name or Wildcat DEVONIAN
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
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 12A County
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:	
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: Tubing Leak <input checked="" type="checkbox"/>		OTHER: MIT TEST <input 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.

9/3/19 Ru Rig to repair tubing leak. Released packer + NU BOP. Packer w/ the 2 7/8 tubing. Came out w/ the packer. SD sent Packer to get redress. RTH w/ packer

9/4/19 Ru TESTERS to test the tubing back in. Found a hole in the 41" jt from the top (1300' down). Replace bad joint, the rest of the tubing tested good. ND BOP + Flanged up wellhead, circulated the hole w/ 200 bbls of Packer fluid. SD the fluid had to much air.

9/5/19 Bled air and setup to chart well. Charted good. RD Rig.

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 Huagelo Jr TITLE Member DATE 9-5-19
Type or print name Hugo Naegele Jr E-mail address: naegelehujo@gmail.com PHONE: 575-392-5999
For State Use Only
APPROVED BY: Kerry Fort TITLE Compliance Officer A DATE 9-6-19
Conditions of Approval (if any):

