

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.	30-025-27400
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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 type="checkbox"/> OTHER <u>Disposal Well</u>	7. Lease Name or Unit Agreement Name <u>E.L. Steele</u>
2. Name of Operator <u>Basic Energy Service</u>	8. Well No. <u>Lea #1</u>
3. Address of Operator	9. Pool name or Wildcat <u>Van Andrey</u>
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>550</u> Feet From The <u>E</u> Line Section <u>17</u> Township <u>23</u> Range <u>10</u> NMPN <u>Lea</u> County	10. Elevation (Show whether DB, RKB, RT, etc.)

11. 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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Test casing and packer to 500 lb. Spot chemical down tubing flush w/18 BBLs Fresh water. Unplug back into frac tank. Acidize well with 2500 gal 15% DI NE FE Acid. Put back on production.

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

SIGNATURE Steve Prath TITLE Area Manager DATE 3-13-07  
TYPE OR PRINT NAME Steve Prath TELEPHONE NO. 505-390-1435

(This space for State Use)

APPROVED BY Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 19 2007

CONDITIONS OF APPROVAL, IF ANY: