

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. 30-25-27400
Indicate Type of Lease
STATE ☐ FEE ☒
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 ☐ GAS WELL ☐ OTHER ☒ Disposal Well

2. Name of Operator
Basic Energy Services

3. Address of Operator
P.O. Drawer 1869 Eunice NM 88231

4. Well Location
Unit Letter _____ : _____ Feet From The _____ Line and _____ Feet From The _____ Line
Section 17 Township 23 Range 37 NMPM Lea County

7. Lease Name or Unit Agreement Name
E.L. Steeler

8. Well No.
Lea #1

9. Pool Name or Wildcat
San Andres

10. Elevation (Show whether DF, RKB, RT, GR, 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.

3-16-07 Rig up unit, unseat packer + pull tubing. Run new packer and work string. Test back side to 340. Chemical squeeze + flush down tubing. Unseat back 350 bbl iron sulfate. Acidize + Flush. Unseat packer pull work string. Run new packer + production string back in. Lead back side with packer fluid. Test back side + run chart for O.C.D. Buddy Hill witness Rig down 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 Prather TITLE Area Manager DATE 3-21-07
TYPE OR PRINT NAME Steve Prather TELEPHONE NO. (505) 390.1435

(This space for State Use)

APPROVED BY Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL, IF ANY:

MAR 29 2007

