

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88201
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr., Santa Fe, NM
87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

MAY 15 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-28083

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

SWD 119

7. Lease Name or Unit Agreement Name

State AJ

8. Well Number

#1

9. OGRID Number

168776

10. Pool name or Wildcat

DEVONIAN

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 SWD

2. Name of Operator

BASIN ALLIANCE LLC

3. Address of Operator

P.O. Box 1378 Hobbs, New Mexico 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 LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3806 GR

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU MESA WELL SERVICE. Release packer and pull tubing. Run tbg testers to test tbg and replace bad tubing.

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

HNAEGL

TITLE

Member

DATE

5-14-09

Type or print name
For State Use Only

Hugo Naegele Jr

E-mail address:

hnaegele55@mywdo.com

PHONE:

392-5999

APPROVED BY:

Tony W. Hill

TITLE

DISTRICT 1 SUPERVISOR

DATE

MAY 15 2009

Conditions of Approval (if any):