Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II	>≈ • • • • • • • • • • • • • • • • • • •	30-025-27400
District III	CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE x
District IV	2 6 2010 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr, Santa Fe, NM	HSUCD	
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	E.L. STEELER Lea
PROPOSALS.) 1. Type of Well: Oil Well		8. Well Number #1
2. Name of Operator /	Gas Well XX Other DISPOSAL WELL 5 WD	9. OGRID Number
BASiC Energy Services		004094
3. Address of Operator P. O. 1869 EUNICE NM 88231		10. Pool name or Wildcat 5 WD
4. Well Location		SAN ANDRES
Unit Letter B	:660feet from the NORTH	line and1650 feet from the
EAST line	leet nom theNORTH	inte andiooieet from the
Section 17	Township 23 S Range 37 E	NMPM County LEA COUNTY
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12 Check	Appropriate Box to Indicate Nature of Notice,	Panort or Other Date
		Report of Other Data
NOTICE OF IN		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS COMMENCE DRI	_
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE		-
OTHER:	□ OTHER:	П
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.		
proposed completion of recompletion.		
1. I. T. TBG FOR HOLE		
 I. T. CSG CLEAN OUT CSG TO 4800 FT. (100 FT BELOW PERF) 		
4. TREAT PERFS WITH 1100 GAL NEFE / 100 GAL TECHNI – WET- MIXED WITH THE ACID		
200 GAL XYLENE, 50 BBLS FLUSH		
5. SET PKR. WITH IN 100 FT OF TOP PERF.6. LOAD CSG. WITH PKR. FLUID TEST TO 500 PSI FOR 30 MIN RIG DOWN AND MOVE OFF LOCATION		
7. MIT WITH OCD PUT BACK TO INJECTION.		
Cravid Datas		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
SIGNATURE Jam Ha	TITLE SENM DISTRICT MGR.	DATE 1-26-09
Type or print name <u>DAVID ALVARADO</u> E-mail address: <u>david.alvarado@basicenergyservices.com</u> PHONE: <u>575.746.9663</u>		
For State Use Only UISTRIOT & SUPERVISOR AND 2 7 2010		
APPROVED BY: Comp W, TITLE DATE DATE		
Conditions of Approval (if any):		