

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED
OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBSD

WELL API NO. ✓

3002527682

5. Indicate Type of Lease

STATE ☐ FEE x ✓

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LEA ✓

8. Well Number

002 ✓

9. OGRID Number

004094 ?

10. Pool name or Wildcat

SAN ADDRESS

SWD ✓

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 ✓

2. Name of Operator

Basic Energy Services ✓

3. Address of Operator

BOX 1919 MIDLAND, TEXAS 79701

4. Well Location

Unit Letter A : 850 feet from the NORTH line and 950 feet from the EAST line

Section 17 Township 23S Range 37E NMPM County LEA ✓

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:

PERFORM REMEDIAL WORK X

TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐PLUG AND ABANDON ☐CHANGE PLANS ☐MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING/CEMENT JOB ☐ALTERING CASING ☐P AND A ☐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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.


RU NU BOP POH WITH 2 7/8 TBING AND PKR TALLY OUT AND RECORD DEPTH SET.
RUN IN THE HOLE WITH WORKING STRING AND CHECK FOR FILL TO BTM. PERFS.
CLEAN OUT IF NEEDED WITH REVERSE UNIT.
RIH WITH BIT AND SCRAPER TO BELOW BTM. PERF
I.T. CASING ABOVE TOP PERF. TO SURFACE. RECORD ANY PROBLEMS AND REPORT FINDINGS.

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



TITLE

District Mgr

DATE

2-16-10

Type or print name

E-mail address:

PHONE:

For State Use Only

OC FIELD REPRESENTATIVE/STAFF MANAGER

APPROVED BY:

TITLE

DATE

2-17-10

Conditions of Approval (if any).