Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave, Artesia, NM 88210  1220 South St. Francis Dr.			30-025-28083	
District III 1301 W. Grand Ave, Artesia, NM 88210 1220 South St. Francis Dr.		ncis Dr.	5. Indicate Type of Lease  STATE  FEE	
1000 Rio Brazos Rd., Aztec, NM 87407 13 2010 Santa Fe, NM 87505		7505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505			SWD 119	
SUNDRY NOTICES AND REPORTS ON WELLS				Unit Agreement Name:
(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.)			State 'A	7
1. Type of Well: Oil Well Gas Well Other X				
2. Name of Operator			8. Well No.	1
BASIN AlliANCE, LLC			9. Pool name or W	·
	obbs, Now Maxico	88241	DEVONIAN	
4. Well Location				
Unit Letter G :	2310 feet from the Nort	h line and 2	feet from	the <u>EAST</u> line
Section 33	Township 18S Ra	ange 34 <i>E</i>	NMPM LEA	County
	10. Elevation (Show whether D.	R, RKB, RT, GR, etc.)	140	
11 Check	3804 GR Appropriate Box to Indicate N	ature of Notice. R	Report or Other I	Data
NOTICE OF IN		SUBS	EQUENT REP	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		PLUG AND   ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST ANI CEMENT JOB	D 🗆	
OTHER:	×	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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
	ubing and packer.	MIRN	Lucky WE	11 SERVICE,
3	tong and phebber			- 400 007
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	
SIGNATURE Shaegel	0	Member		DATE /0-7-/0
Type or print name Hugo N	laegele JR.		Telepho	one No. 575-392-5999
(This space for State use)				
ADDDDOVED DV	TITLE IS	TRIGT 1 SUPE	RVISOF	DATE <b>1 3</b> 2010
APPPROVED BY Conditions of approval, if any	IIILE_			DAIL