

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
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  
Revised June 10, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-28083</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>SWD 119</b>
7. Lease Name or Unit Agreement Name <b>STATE 'AJ'</b>
8. Well Number <b>#1</b>
9. OGRID Number
10. Pool name or Wildcat <b>DEVONIAN</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>SWD</b>	7. Lease Name or Unit Agreement Name <b>STATE 'AJ'</b>
2. Name of Operator <b>Basin Alliance, LLC</b>	8. Well Number <b>#1</b>
3. Address of Operator <b>P.O. Box 1378, Hobbs, NM 88241</b>	9. OGRID Number
4. Well Location Unit Letter <b>G</b> : <b>2310</b> feet from the <b>North</b> line and <b>2310</b> feet from the <b>EAST</b> line Section <b>33</b> Township <b>18 S</b> Range <b>36 E</b> NMPM <b>LEA</b> County	10. Pool name or Wildcat <b>DEVONIAN</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3806 GR</b>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input checked="" type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

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.

Moved Rig in & Rigged up. Pulled tubing & packer, Run new tubing (Duoline)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Hugo Naegele Jr TITLE Member DATE 3-4-04

Type or print name HUGO NAEGELE JR E-mail address: Telephone No. 392-5999

(This space for State use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 08 2004  
Conditions of approval, if any:

