

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

Energy, Minerals and Natural Resources

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

WELL API NO.
30-025-28083
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 No. #1

9. 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, NM 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

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3806 GR

11. 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 COMPLETION ☐
OTHER: Repair tubing leak ☒
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Move Rig in + Rig up, Pull tubing + packer, Test tubing back in hole to 5000' Above the slips.

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

SIGNATURE Hugo Naegle Jr. TITLE Member DATE 4-5-02

Type or print name Hugo Naegle Jr. Telephone No. 397-5989
(This space for State use)

APPROVED BY [Signature] TITLE MANAGER II/STAFF MANAGER DATE APR 05 2002
Conditions of approval, if any:

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