

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-23372

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB - 0437

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.)

7. Lease Name or Unit Agreement Name

Kimo Sabe State

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER (Reentry)

2. Name of Operator

Basin Operating Company

8. Well No.

1

3. Address of Operator

Suite 648 Petroleum Building, Roswell NM 88201

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter: J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16

Township

19 South Range 33 East

NMPM

Lea

County

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

KB 3665, GL 3648

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☒

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.

11-15-1996 Ran 7755 feet 5 1/2" 15.5 #S-55 and 17# N-80 casing. Pumped 12 bls Sure Bond + 10 bls Mud Clean. Cemented 1st stage with 200 sx BJ lite and 5% salt + 300 sx Class C Neet. Cemented 2nd stage through DV tool at 2000 feet, pumped 730 sx BJ lite + 5% salt + 200 Sx Class C. Did not circulate.

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

SIGNATURE

TITLE President

DATE 1/8/1997

TYPE OR PRINT NAME

John G. Worrall III

TELEPHONE NO. 505-622-5893

(This space for State Use)

ORIGINAL

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: