

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address MESQUITE SWD INC PO BOX 1479 CARLSBAD NM, 88221		OGRID Number 161968
		API Number 30-015- 43895
Property Code 316767	Property Name OXY MOUTRAY SWD	Well No. 001

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	28	24S	29E		140	N	945	E	EDDY

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

Pool Name SWD-DEVONIAN	Pool Code 96101
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Additional Well Information

Work Type DRILL	Well Type SWD	Cable/Rotary ROTARY	Lease Type FEE	Ground Level Elevation 2929
Multiple	Proposed Depth 15,900	Formation DEVONIAN	Contractor TBD	Spud Date ASAP
Depth to Ground water	Distance from nearest fresh water well		Distance to nearest surface water	

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SUR	26	20	94#	581	600	0
1 ST INT	17.5	13.375	54.5#	2750	875	0
2 ND INT	12.25	9.625	47#	10,600	4000	0
LINER	8.5	7.625	47.1#	10,065 15,200	945	10,065

Casing/Cement Program: Additional Comments

2ND INT IS A 2 STAGE JOB, DV TOOL APPROX 5500 +/-

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
ANNULAR AND DOUBLE RAM	10000	10000	TBD

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Phone: (505) 476-3460 Fax: (505) 476-3462

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015- 43895	Pool Code 96101	Pool Name Devonian SWD
Property Code 31676 7	Property Name OXY MOUTRAY SWD	Well Number 1
OGRID No. 161968	Operator Name MEQUITE SWD	Elevation 2929.7

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	28	24-S	29-E		140	NORTH	945	EAST	EDDY

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
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NAD 27
SURFACE LOCATION
Y=434898.3 N
X=608231.8 E
LAT.=32.195248' N
LONG.=104.117077' W

140'
S.L. 945'

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organisation neither owns nor working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

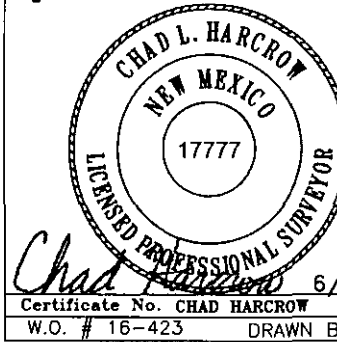
RGNEATHERLIN@GMAIL.COM

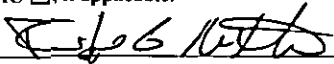
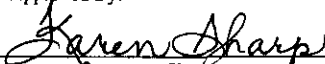
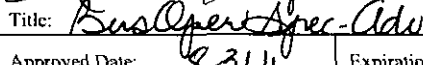
E-mail Address

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey _____

Signature & Seal of Professional Surveyor



<p>23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/> if applicable. Signature: </p>		<p align="center">OIL CONSERVATION DIVISION</p>	
<p>Printed name: RILEY G NEATHERLIN</p>		<p>Approved By: </p>	
<p>Title: PRODUCTION FOREMAN</p>		<p>Title: </p>	
<p>E-mail Address: RGNEATHERLIN@GMAIL.COM</p>		<p>Approved Date: 8-31-16</p>	<p>Expiration Date: 8-31-18</p>
<p>Date: 8/29/2016</p>	<p>Phone: 575-706-7288</p>	<p>Conditions of Approval Attached</p>	

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

PERMIT CONDITIONS OF APPROVAL

Operator Name Mesquite SUB Inc
API Number 30-015-43895
Well Name and Number Oxy Monterey SUB #1

- ☐ Will require a Directional Survey and "As Drilled" C-102 with the C-104
- ☒ Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string.
- ☒ If cement does not circulate to surface, must run temperature survey or other log to determine top of cement.

Witnessed MIT must be performed
prior to initial injection. Contact
Richard Inge 575-748-1283x107 to
schedule test.