

Carlsbad Field Office
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.
NMNM0533177A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 28. Well Name and No.
UBER EAST SWD 19. API Well No.
30-015-43806-00-X110. Field and Pool or Exploratory Area
SALT WATER DISPOSAL (SWD)11. County or Parish, State
EDDY COUNTY, NM

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: UNKNOWN OTH2. Name of Operator Contact: MELANIE WILSON
MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com

3a. Address

CARLSBAD, NM 88220

3b. Phone No. (include area code)
Ph: 575-914-1461

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 24 T23S R31E NESE 2345FSL 660FEL

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Mesquite requests variance for the use of flex hose on Bison rig 14. Flex hose data attached.

- All previous Cons still apply

RECEIVED

NOV 28 2018

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #442558 verified by the BLM Well Information System
For MESQUITE SWD INCORPORATED, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 11/05/2018 (19PP0319SE)

Name (Printed/Typed) SHERYL BAKER

Title DRILLING SUPERINTENDENT

Signature (Electronic Submission)

Date 11/04/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USEApproved By **ACCEPTED**ZOTA STEVENS
Title PETROLEUM ENGINEER

Date 11/14/2018

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

RUP 12-6-18



6287 Long Drive
Houston, TX 77087
Tel. 713 644-8372 Fax 713-644-4947
Certificate of Conformance

Customer: Austin Hose

P.O. and Revision #: 4105646

Part Name: Hose Assy., C & K

Customer Part # and Revision #: DWFR-3.0X45FT-FXDXFLT-A-H2S

Vendor Part #: OA-5640-4845S-4 1/16

Quantity: 1

Serial Number: 101018DW1

Material Specifications: IAW Spec 5640-48

Pressure Test: 15000 psi, 15 Minute Dwell

I hereby certify, as the authorized representative of this company, that the part provided is as described on this certificate, meets the requirements of the drawing, specification and the purchase order, and has been processed in accordance with ISO-9001-2015 and API Q1.

Date: 10/10/18

Title: QUALITY ASSURANCE - Joshua Hare

A handwritten signature in black ink, appearing to be 'JH' or 'Joshua Hare', written in a cursive style.

6287 Long Drive
Houston, TX 77087



Phone: (713) 644-8372
Fax: (713) 644-4947

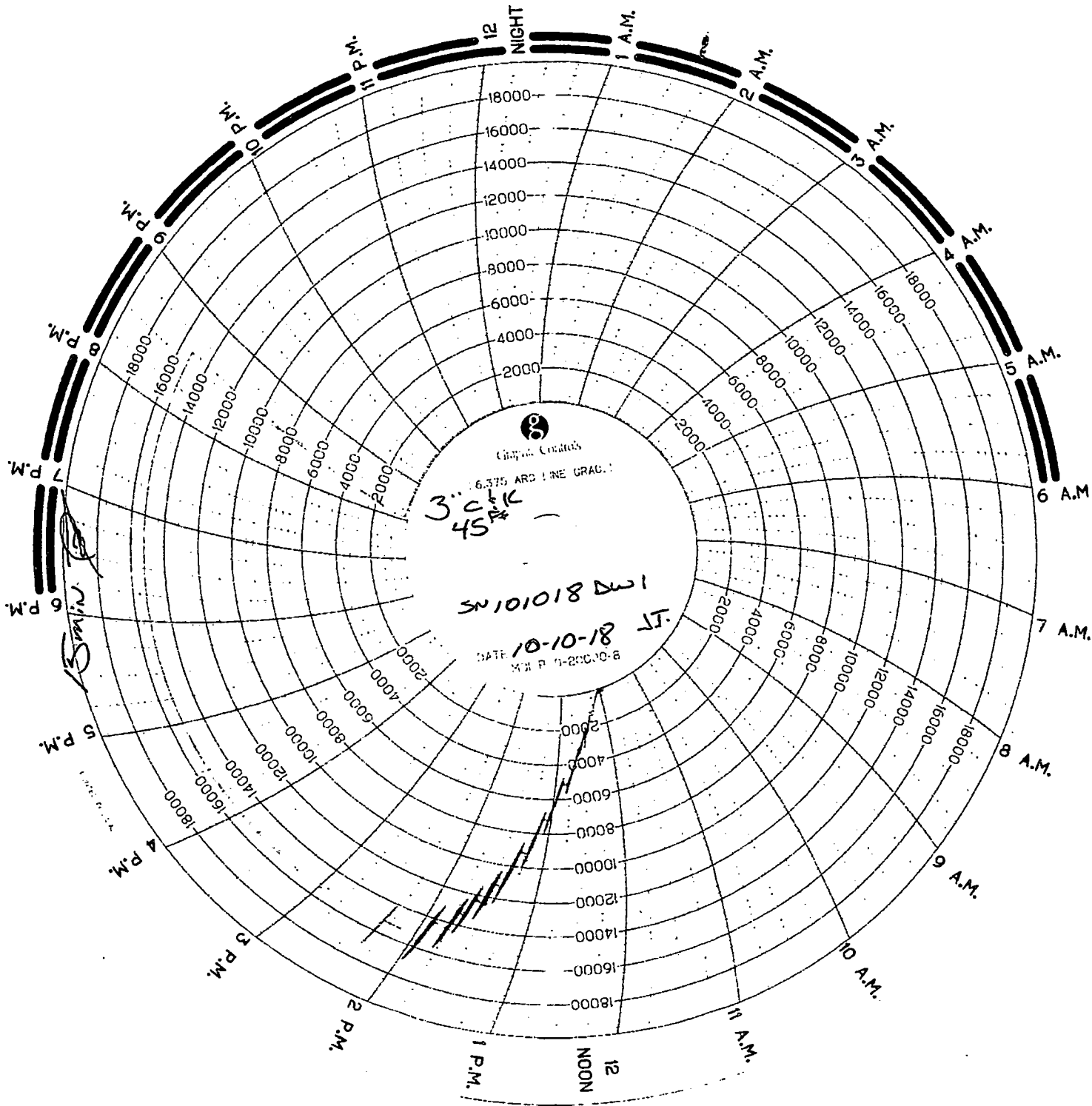
Certificate of Conformance to American Petroleum Institute Specification 16C

Item Description:	BOP Choke and Kill Line
Hose Size:	3" x 45' Overall length
End Connections:	Coupled with 4 1/16 BX 155 flange Fixed X Float
Date of Manufacture:	10/10/2018
Part Number:	OA-5640-4845SS-4 1/16
Customer Part Number:	DWFR-3.0x45FT-FXDXFLT-A-H2S
Serial Number:	101018DW1
Order Number:	18100089
Purchase Order:	4105646

DW Industries certifies that the Flexible Choke and Kill line referenced above was manufactured in accordance with API 16C, sec 10.5., API Q1-2037, and ISO 2001:2008-2139.

A handwritten signature in black ink, appearing to read 'JHare'.

Joshua Hare
Quality Assurance
DW Industries Inc.



**PECOS DISTRICT
DRILLING CONDITIONS OF APPROVAL**

OPERATOR'S NAME:	Mesquite SWD Incorporated
LEASE NO.:	NM0533177A
WELL NAME & NO.:	1-Uber East SWD
SURFACE HOLE FOOTAGE:	2345'/S & 660'/E
BOTTOM HOLE FOOTAGE	'/ & '/
LOCATION:	Section 24, T. 23 S., R. 31 E., NMPM
COUNTY:	Eddy County, New Mexico

COA

All previous COAs still apply except the following.

A. PRESSURE CONTROL

1. Variance approved to use flex line from BOP to choke manifold. Manufacturer's specification to be readily available. No external damage to flex line. Flex line to be installed as straight as possible (no hard bends).

NMK111418