

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.  
NMNM106915

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

8. Well Name and No.

DEEP PURPLE SWD 1

2. Name of Operator

MESQUITE SWD INCORPORATED

Contact: MELANIE J WILSON

E-Mail: mjp1692@gmail.com

9. API Well No.

30-025-44106-00-S1

3a. Address

CARLSBAD, NM 88221

3b. Phone No. (include area code)

Ph: 575-914-1461

10. Field and Pool or Exploratory Area

Multiple--See Attached

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

Sec 30 T22S R32E SWSW 270FSL 380FWL  
32.355930 N Lat, 103.721703 W Lon

11. County or Parish, State

LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleate 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 recompleation 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.

01/30/2018 - Pressure test to 540 psi for 32 minutes. Held good. Test witnessed by George Bower, NMOCD.

01/31/2018 - Ready to begin injection.

02/18/2018 - Began injection.

**HOBBS OCD**  
**APR 16 2018**  
**RECEIVED**

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

**Electronic Submission #411567 verified by the BLM Well Information System**  
**For MESQUITE SWD INCORPORATED, sent to the Hobbs**  
**Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/16/2018 (18JAS0905SE)**

Name (Printed/Typed) MELANIE J WILSON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 04/13/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**Approved By **ACCEPTED**

(BLM Approver Not Specified)

Title

Date 04/16/201

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 Hobbs

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.

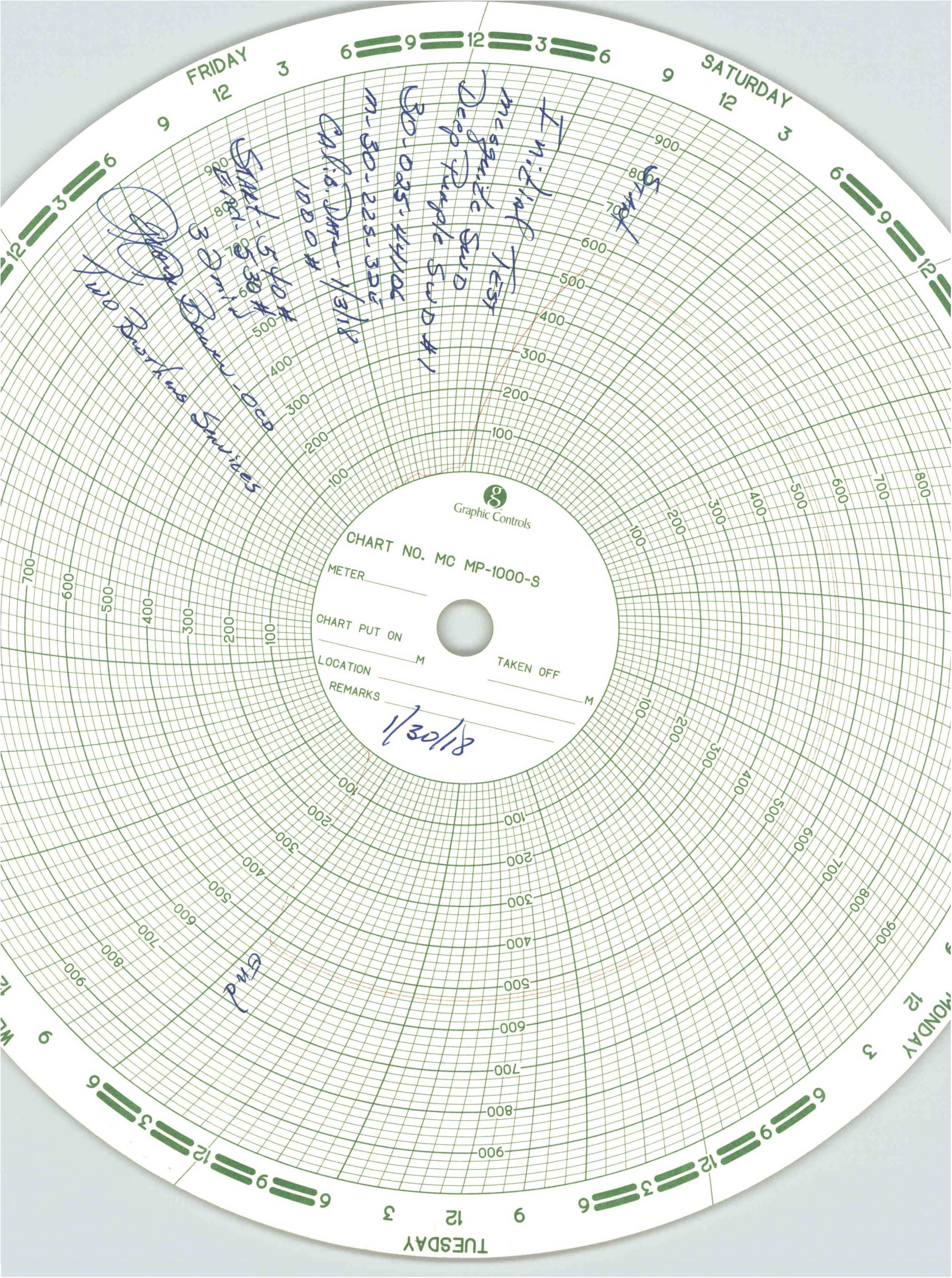
(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*****RBDMS-CHART-MB**









Graphic Controls

CHART NO. MC MP-1000-S

METER \_\_\_\_\_

CHART PUT ON \_\_\_\_\_ M

LOCATION \_\_\_\_\_

REMARKS \_\_\_\_\_

TAKEN OFF \_\_\_\_\_ M

1/30/18

5746

Iridia Test  
Deep Purple SWD #1

30-025-44102  
M-30-225-326  
CALIB. SWD - 1/3/18  
1000 #

SWD - 540 #  
SWD - 530 #  
3 2 mi. SWD - 009

3 mi. SWD - 009  
3 mi. SWD - 009

SWD



State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>MESQUITE SWD</i>	API Number <i>30-025-44106</i>
Property Name <i>DEEP Purple SWD</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>30</i>	Township <i>22S</i>	Range <i>30E</i>	Feet from <i>270</i>	N/S Line <i>5</i>	Feet From <i>380</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>1/30/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	$\phi$	$\phi$	$\phi$	$\phi$
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	CO2 _____
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	WTR _____
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	GAS _____
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	If applicable type
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	fluid injected for
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Initial Test*

HOBBS OCD  
APR 16 2018  
RECEIVED

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>1/30/18</i>	Phone:
Witness: <i>[Signature]</i>	