

Submit 1 Copy To Appropriate District

Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88201

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87401

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

WELL API NO.

30-025-45029

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

TREY SWD

8. Well Number

1

9. OGRID Number

161968

10. Pool name or Wildcat

[97869] SWD; DEVONIAN-SILURIAN

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

MESQUITE SWD, INC.

3. Address of Operator

PO BOX 1479

CARLSBAD NM 88220

4. Well Location

Unit Letter A; 200 feet from the NORTH line and 200 feet from the EAST line

Section 21 Township 23S Range 32E NMPM LEA County

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

3689' GR

12. 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 COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: Change plans/tubing size ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: MIT TEST ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/25/2019 - Set 5 1/2" 20# P-110 tubing 11550-16975' and 7" 26# P-110 tubing 11550' to surface. Set packer @ 16975'.

04/26/2019 - Released rig.

06/05/2019 - Pressure test casing to 540 psi for 30 minutes. No pressure loss. Start 540 psi, end 540 psi. (Chart attached.)

06/06/2019 - Date of first production.

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

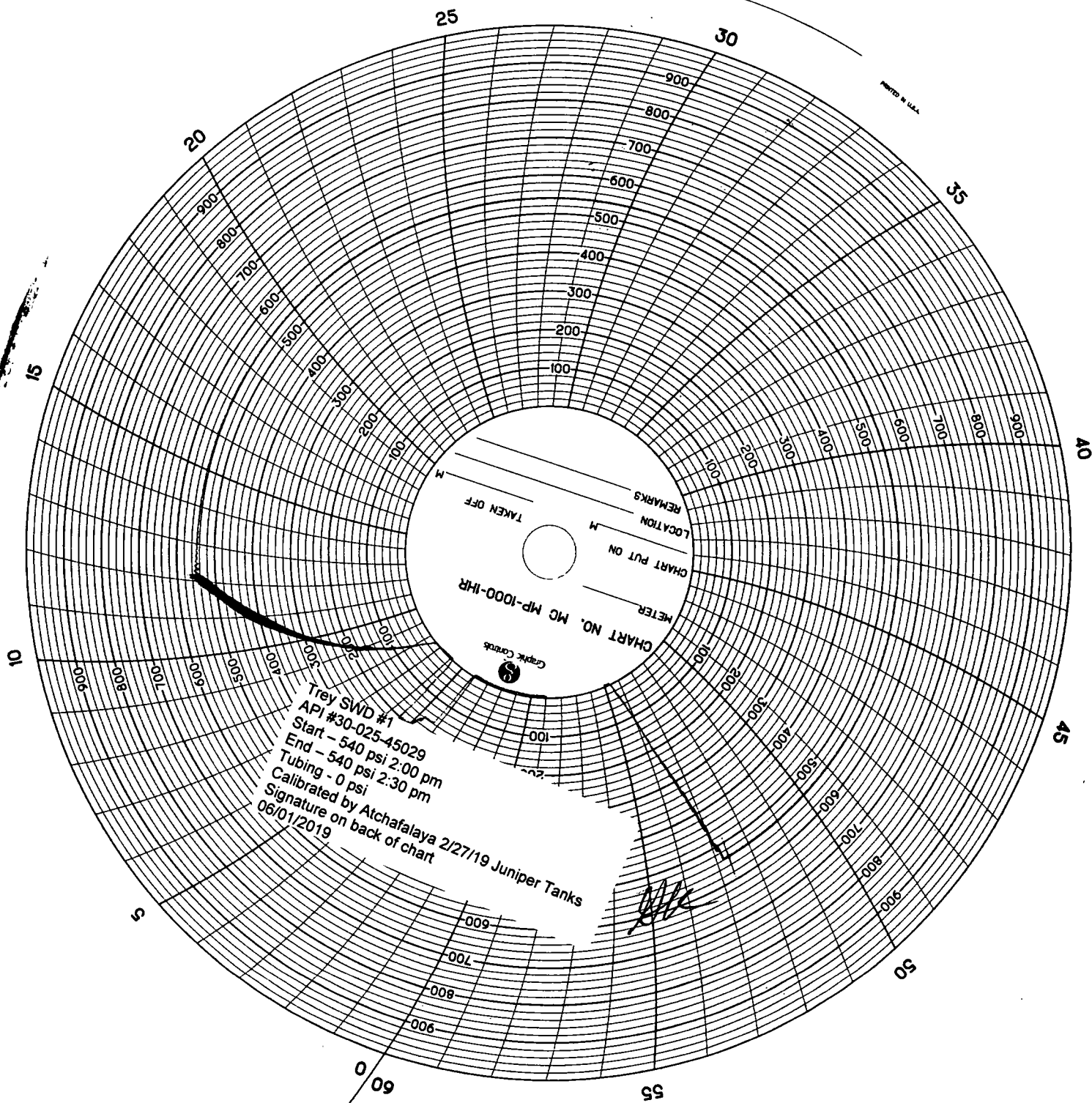
SIGNATURE Stormi Davis TITLE Regulatory Analyst DATE 06/17/2019

Type or print name: Stormi Davis E-mail address: ssdavis104@gmail.com PHONE: 575-308-3765

For State Use Only

APPROVED BY: Shay Holson TITLE Compliance Officer DATE 7-2-19

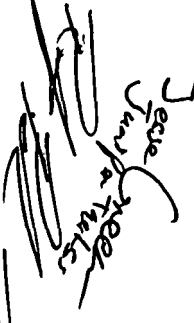
Conditions of Approval (if any):



  
Mike Hernandez

Trey SWD #1  
API-30-025-45029  
Start-540 #5  
Ends-540 #5

Start Time  
2:00 PM - 2:30 PM.

  
Jose Morales  
Kathy Parker

6/1/19

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

BRADENHEAD TEST REPORT

Operator Name <b>MESquite SWD</b>		API Number <b>30-025-45029</b>
Property Name <b>TREY SWD</b>		Well No. <b>#1</b>

1. Surface Location

UL - Lot <b>A</b>	Section <b>21</b>	Township <b>23S</b>	Range <b>32E</b>	Feet from <b>200</b>	N/S Line <b>N</b>	Feet From <b>200</b>	E/W Line <b>E</b>	County <b>LEA</b>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	<b>NO</b>	SHUT-IN YES	NO	INJ INJ	INJECTOR <b>SWD</b>	PRODUCER OIL	GAS	DATE <b>5-29-19</b>
------------------	-----------	----------------	----	------------	------------------------	-----------------	-----	------------------------

OBSERVED DATA

	(A) Surface	(B) Intern (1)	(C) Intern (2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	CO2 <b>0</b>
Steady Flow	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	WTR <b>0</b>
Surges	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	GAS <b>0</b>
Down to nothing	<b>0 / 0</b>	<b>0 / 0</b>	<b>Y / N</b>	<b>0 / 0</b>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	
Water	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	

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

**Initial TEST**

**As per Rusty  
SK**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

## PERFORMING BRADENHEAD TEST

### General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- |                        |           |
|------------------------|-----------|
| • Blow or Puff         | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow          | Yes or No |
| • Oil or Gas           | Yes or No |
| • Water                | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

---