

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM 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.*

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

**HOBBS OCD**  
**SEP 04 2018**  
**RECEIVED**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH		5. Lease Serial No. NMNM12845
2. Name of Operator MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com		6. If Indian, Allottee or Tribe Name
3a. Address CARLSBAD, NM 88221	3b. Phone No. (include area code) Ph: 575-914-1461	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T22S R32E Lot 3 1105FNL 1480FWL		8. Well Name and No. WEST GRAMMA RIDGE SWD 1
		9. API Well No. 30-025-43328-00-X1
		10. Field and Pool or Exploratory Area SWD
		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 Drilling Operations
	<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 recomplete 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 recompletion 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.

06/29/2018 - Spud 26" hole @ 10:30 am. TD hole @ 377'.  
06/29/2018 - TD 26" hole @ 974'.  
06/30/2018 - Ran 20" 94# J55 csg to 974'. Cmt w/770 sx Class C. Tailed in w/380 sx. Circ 453 sx to surface. WOC 24 hrs. Test csg to 1500# for 30 mins.  
07/06/2018 - TD 17-1/2" hole @ 4482'.  
07/07/2018 - Ran 13-3/8" 72# P110 to 4482'. Cmt w/1930 sx Class C. Tailed in w/380 sx. Circ 505 sx to surface. WOC 12 hrs. Test csg to 1500# for 30 mins.  
07/16/2018 - TD 12-1/4" hole @ 11669'.  
07/17/2018 - Ran 9-5/8" 53.5# P110 csg to 11665'. Set DVT @ 4539'. Cmt Stage 1 w/930 sx Class H. Tailed in w/300 sx. Cmt Stage 2 w/650 sx Class C and tailed in w/200 sx. Circ 117 sx to surface. WOC 12 hrs. Test csg to 1500# for 30 mins.  
07/30/2018 - TD 8-1/2" hole @ 16036'.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #431853 verified by the BLM Well Information System</b> <b>For MESQUITE SWD INCORPORATED, sent to the Hobbs</b> <b>Committed to AFMSS for processing by PRISCILLA PEREZ on 08/20/2018 (18PP1718SE)</b>	
Name (Printed/Typed) MELANIE WILSON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 08/20/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JONATHON SHEPARD Title PETROELUM ENGINEER	Date 08/23/2018
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 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 \*\***

*Kg*

**Additional data for EC transaction #431853 that would not fit on the form**

**32. Additional remarks, continued**

07/31/2018 - Ran 7-5/8" 39# P110 csg to 16033'. TOL @ 11151'.

08/02/2018 - Cmt w/300 sx NeoCem. Circ 15 sx to surface. WOC 29.5 hrs. Test to 1500#.

08/05/2018 - TD 6-1/2" hole @ 17323'.

## Revisions to Operator-Submitted EC Data for Sundry Notice #431853

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DRG SR	DRG SR
Lease:	NMNM12845	NMNM12845
Agreement:		
Operator:	MESQUITE SWD INC P O BOX 1479 CARLSBAD, NM 88221 Ph: 575-914-1461	MESQUITE SWD INCORPORATED  CARLSBAD, NM 88221 Ph: 575.706.1840
Admin Contact:	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com  Ph: 575-914-1461	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com  Ph: 575-914-1461
Tech Contact:	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com  Ph: 575-914-1461	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com  Ph: 575-914-1461
Location:		
State:	NM	NM
County:	LEA	LEA
Field/Pool:	SWD; DEVONIAN	SWD
Well/Facility:	WEST GRAMMA RIDGE SWD 1 Sec 6 T22S R32E Mer NMP NENW 1105FNL 1480FWL	WEST GRAMMA RIDGE SWD 1 Sec 6 T22S R32E Lot 3 1105FNL 1480FWL

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

SEP 04 2018

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.  
NMNM12845

1a. Type of Well ☐ Oil Well ☐ Gas Well ☐ Dry ☒ Other: INJ  
b. Type of Completion ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.  
Other \_\_\_\_\_

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator  
MESQUITE SWD INC  
Contact: MELANIE WILSON  
E-Mail: mjp1692@gmail.com

8. Lease Name and Well No.  
WEST GRAMMA RIDGE SWD 1

3. Address PO BOX 1479  
CARLSBAD, NM 88221  
3a. Phone No. (include area code)  
Ph: 575-914-1461

9. API Well No.  
30-025-43328

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*

At surface NENW Lot 3 1105FNL 1480FWL

At top prod interval reported below NENW Lot 3 1105FNL 1480FWL

At total depth NENW Lot 3 1105FNL 1480FWL

10. Field and Pool, or Exploratory  
SWD; DEVONIAN

11. Sec., T., R., M., or Block and Survey  
or Area Sec 6 T22S R32E Mer NMP

12. County or Parish  
LEA  
13. State  
NM

14. Date Spudded  
06/29/2018

15. Date T.D. Reached  
08/05/2018

16. Date Completed  
☐ D & A ☐ Ready to Prod.  
08/10/2018

17. Elevations (DF, KB, RT, GL)\*  
3607 GL

18. Total Depth: MD 17323  
TVD 17323

19. Plug Back T.D.: MD 17323  
TVD 17323

20. Depth Bridge Plug Set: MD  
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
CBL

22. Was well cored? ☒ No ☐ Yes (Submit analysis)  
Was DST run? ☒ No ☐ Yes (Submit analysis)  
Directional Survey? ☒ No ☐ Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
26.000	20.000 J55	94.0	0	974		1150		0	
17.500	13.375 P110	72.0	0	4482		2310		0	
12.250	9.625 P110	53.5	0	11665	4539	2080		0	
8.500	7.625 P110	39.0	11151	16033		300		11151	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
7.000	10754		5.500	16010	16010			

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) DEVONIAN	16033	17323				
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #432400 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

KZ

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

## 29. Disposition of Gas(Sold, used for fuel, vented, etc.)

UNKNOWN

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
				WOLFCAMP STRAWN ATOKA MORROW BARNETT WOODFORD DEVONIAN MONTOKA	11540 13068 13478 13910 15095 15864 16027 17259

## 32. Additional remarks (include plugging procedure):

Injection will occur through open hole interval 16033 - 17323'

## 33. Circle enclosed attachments:

- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7 Other:      |                       |

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #432400 Verified by the BLM Well Information System.  
For MESQUITE SWD INC, sent to the Hobbs

Name (please print) MELANIE WILSONTitle REGULATORY ANALYST

Signature \_\_\_\_\_ (Electronic Submission)

Date 08/22/2018

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

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**HOBBS OCD**  
**SEP 04 2018**  
**RECEIVED**

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

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Contact: MELANIE WILSON E-Mail: mjp1692@gmail.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 1479 CARLSBAD, NM 88221	3b. Phone No. (include area code) Ph: 575-914-1461	8. Well Name and No. WEST GRAMMA RIDGE SWD 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T22S R32E Mer NMP NENW 1105FNL 1480FWL		9. API Well No. 30-025-43328
		10. Field and Pool or Exploratory Area SWD; DEVONIAN
		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 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 checked="" type="checkbox"/> Water Disposal	

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08/09/2018 - Ran 5-1/2" T95 tbg 10754-16010' and 7" P110 tbg from surface to 10754'. Set packer @ 16010'.  
08/10/2018 - Circ 500 bbls packer fluid. Test csg to 1000# for 30 mins. Released rig.  
08/24/2018 - Pressure test to 380# for 32 mins (chart attached). Date of first injection.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #432892 verified by the BLM Well Information System For MESQUITE SWD INC, sent to the Hobbs</b>	
Name (Printed/Typed) MELANIE WILSON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 08/27/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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 _____

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