

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 recomplete an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMNM12845

6. Allottee or Tribe Name

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

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

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: UNKNOWN OTH8. Well Name and No.  
WEST GRAMMA RIDGE SWD 1

## 2. Name of Operator

MESQUITE SWD INCORPORATED

Contact: MELANIE WILSON

E-Mail: mjp1692@gmail.com

## 9. API Well No.

30-025-43328-00-X1

## 3a. Address

CARLSBAD, NM 88221

## 3b. Phone No. (include area code)

Ph: 575-914-1461

10. Field and Pool or Exploratory Area  
SWD

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

Sec 6 T22S R32E Lot 3 1105FNL 1480FWL

## 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 checked="" type="checkbox"/> Water Disposal	MIT

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.

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.

HOBBS OCD

SEP 13 2018

RECEIVED

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

Electronic Submission #432892 verified by the BLM Well Information System  
For MESQUITE SWD INCORPORATED, sent to the Hobbs  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/28/2018 (18DLM0554SE)

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 _____	ACCEPTED FOR RECORD		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.	Title _____	Office SEP 07 2018	/s/ Jonathon Sheparc
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 \*\*

Kob

2HR

5

10

15

20

25

30

35

40

45

50

55

1HR

5

10

15

20

25

30

35

40

45

50

55

BIG SPRING  
INSTRUMENT INC.

0-1000  
2 HOUR  
8-24-18  
GC GC-10615

End

Start  
Initial Test

1000

500

250

125

62.5

31.25

15.625

7.8125

3.90625

1.953125

0.9765625

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>30-025-43328</b>	
Property Name <b>WEST GRAMMA Ridge SWD</b>		Well No. <b>#1</b>	

Surface Location

BL - Lot <b>C</b>	Section <b>6</b>	Township <b>22S</b>	Range <b>32E</b>	Fert from <b>1105</b>	N/S Line <b>N</b>	Fert From <b>1480</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	NO <input checked="" type="radio"/>	YES <input type="radio"/>	SHUT-IN <input checked="" type="radio"/>	INJ <input type="radio"/>	INJECTOR <input checked="" type="radio"/>	SWD <input type="radio"/>	OIL PRODUCER OIL	GAS	DATE <b>8-24-18</b>
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OBSERVED DATA

	(A) Surface	(B) Intern#1	(C) Intern#2	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>
Steady Flow	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>
Surges	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>
Down to nothing	<b>0 / N</b>	<b>0 / N</b>	<b>Y / N</b>	<b>0 / N</b>	<b>0 / N</b>
Gas or Oil	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>
Water	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</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**

Signature		OIL CONSERVATION DIVISION
Printed name		Entered into RBDMS
Title		Re-test
E-mail Address:		
Date	Phone:	
Witness:	<b>Gary Robinson</b>	

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.

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