Hobbs ocd

Submit 1 Copy To Appropriate District DEC 1 0 2088 ate of New Me	xico Form C-103
District I – (575) 393-6161 Energy, Minerals and Natu	
District II - (575) 748-1283	DIVISION 30-025-43277
811 S. First St., Artesia, NM 88210 OIL CONSERVATION <u>District III</u> – (505) 334-6178 1220 South St. Fran	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 Santa Fe, NM 87	
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. 5 5 5 5 5 5 5
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	OR SUCH
1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 1
2. Name of Operator	9. OGRID Number 161968
MESQUITE SWD, INC. 3. Address of Operator PO BOX 1479	10. Pool name or Wildcat
CARLSBAD NM 88220	[96101] SWD; DEVONIAN
4. Well Location	
Unit Letter Lot 3 ; 2650 feet from the SOUTH line and 1220 feet from the WEST line Section 6 Township 26S Range 32E NMPM LEA County	
Section 6 Township 26S Range 32E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3285' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐	COMMENCE DRILLING OPNS.
DOWNHOLE COMMINGLE	o, lottle of occupant to the control of the control
CLOSED-LOOP SYSTEM OTHER:	OTHER.
OTHER: (Inclas) Edward Day Holo Markas	OTHER:
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.	
Mesquite SWD, Inc. requests permission to install a below-ground dry hole marker on this well. This well was plugged and	
skid 45'. An above-ground marker would interfere with ongoing operations of the active well, Paduca 6 SWD #1Y.	
HOBES OCD	
DEC 1 0 2018	
DEO 1 02010	
RECEIVED	
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 12/10/2018	
Type or print name Stormi Davis E-mail address: ssdavis104@gmail.com PHONE: 575-914-1461	
For State Use Only	
APPROVED BY: Kerry Fortner TITLE Compliance Office A DATE 12-27-18 Conditions of Approval (if any):	
Conditions of Approval (if any):	