

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 87410  
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

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| <p><b>HOBBBS OGD</b><br/><b>JAN 07 2019</b><br/><b>RECEIVED</b></p> <p><b>OIL CONSERVATION DIVISION</b><br/>1220 South St. Francis Dr.<br/>Santa Fe, NM 87505</p>  |  | <p>WELL API NO.<br/><b>30-025-45028</b></p>   |
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>(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.)</p>  |  | <p>5. Indicate Type of Lease<br/>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p> |
| <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <b>SWD</b></p>   |  | <p>6. State Oil &amp; Gas Lease No.</p>   |
| <p>2. Name of Operator<br/><b>MESQUITE SWD, INC.</b></p>   |  | <p>7. Lease Name or Unit Agreement Name<br/><b>RED HILLS SWD</b></p>  |
| <p>3. Address of Operator<br/><b>PO BOX 1479</b><br/><b>CARLSBAD NM 88220</b></p>  |  | <p>8. Well Number <b>1</b></p>  |
| <p>4. Well Location<br/>Unit Letter <b>H</b> ; <b>1500</b> feet from the <b>NORTH</b> line and <b>430</b> feet from the <b>EAST</b> line<br/>Section <b>5</b> Township <b>26S</b> Range <b>33E</b> NMPM LEA County</p> |  | <p>9. OGRID Number <b>161968</b></p>  |
| <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br/><b>3360' GR</b></p>  |  | <p>10. Pool name or Wildcat<br/><b>[97803] SWD; DEVONIAN-MONTOYA</b></p>                                    |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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| <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> | <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <b>MIT TEST</b> <input checked="" type="checkbox"/></p> |
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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.

12/20/2018 – Pressure test to 560# for 30 minutes. Test not witnessed, but ok to proceed per George Bower.

MIT chart attached.  
Original will follow my mail.

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

SIGNATURE Melanie J. Wilson TITLE Regulatory Analyst DATE 12/28/2018

Type or print name Melanie J. Wilson E-mail address: mjp1692@gmail.com PHONE: 575-914-1461

**For State Use Only**

APPROVED BY: George Bower TITLE Compliance Supervisor DATE 1/8/2019  
Conditions of Approval (if any):

