

OCD-ARTESIA

Form 3160-5
(April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-013
Expires: 31, 200

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 reverse side.

1. Type of Well ☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator **Mesquite SWD, Inc. OGRID 161968**

3a. Address
P.O. Box 1479, Carlsbad, NM 88221

3b. Phone No (include area code)
575-706-1840

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

Unit P Sec.3, T20S-R1E

660' PSL 660' FEL
31 BA

5. Lease Serial No
NM SWD-1186 01877

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No
Big Eddy SWD #1

9. API Well No
30-015-05819

10. Field and Pool, or Exploratory Area

11. County or Parish, State
Eddy Co., NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 Re-enter for SWD
	<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 to 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Rig-up deep WO unit. DO cmt plugs in 9-5/8" csg w/ 8-5/8" bit into intermediate plug approx 2,200', notify BLM for BOP/BOPE test to 2000#. Finish drlg intermediate plug, BP + cmt 10,600', tag cmt/BP 11,345'. Test csg and sqzd perfs (10,691'-10,710') to 2853 psi. Drill cmt +BP @ 11,345'. Tag top 5-1/2" liner 11,345'. Test csg to 2853 psi. Test 5M BOP/BOPE to 5000# w/HCR valve, remote kill line and annular to match. Remote kill line installed prior to testing system and tested to stack pressure. Reduce bit to 4-5/8" CO 5-1/2" to cmt plug 12,408'. Test csg to 2853 psi. CO OH/cmt/retainer (12,555') to above 5-1/2" shoe @12,970'. Test csg to 2853 psi to test sqzd perf interval 12,460'-12,808'. If CIT fails re-sqz perf intervals. Test to 2853 psi. If above casing tests do not hold run 5-1/2" csg to top of liner and circ cmt to surface. WOC. CO cmt, drill-out 5-1/2" shoe, CO to original OH TD 14,205'. Notify BLM to witness run GR-Neutron log TD to top 5-1/2" liner (11,345'). Acidize OH estimated 30,000 gal 20% HCl. TOH lay-down work string, run 11,250' 3-1/2" L80 10.3# fiberglass coated tbg + 3-1/2" beveled joint L-90 9.3# 11,250'-12,950' (1,700') fiberglass coated tbg + Lok-Set pkr approx 12,950'. Load annulus w/inert fluid. Flange-up head for injection. Release WO unit, clean location. Run MIT. Tie-in disposal lines and commence injection to max 2590 psi.

Accepted for record

NMOCD RE

8/8/11

RECEIVED

AUG 4 2011

NMOCD ARTESIA

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Kay Havenor

Title Agent

Signature

Kay Havenor

Date

07/12/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

[Signature]

Title

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

APPROVED

Date

JUL 21 2011

Title 18 USC Section 1001 and Title 43 USC 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)

**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**

**Big Eddy SWD #1
30-015-05819
Mesquite SWD, Inc
July 21, 2011
Conditions of Approval**

In addition to the original COA's that were approved with this re-entry:

1. Subsequent sundry with completion report and wellbore schematic required.
2. Submit an injection survey annually to the BLM.

TAM 072111