

Submit 1 Copy to Appropriate District Office
District I - (575) 393-6161
1625 N French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S First St., Artesia, NM 88210
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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

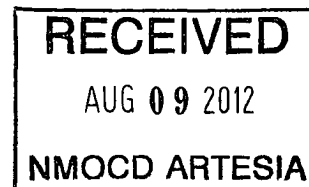
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015- 02819 05819
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mesquite SWD, Inc.		6. State Oil & Gas Lease No. SWD-1186
3. Address of Operator P.O. Box 1479 Carlsbad, NM 88221		7. Lease Name or Unit Agreement Name Big Eddy SWD
4. Well Location Unit Letter <u>P</u> <u>660'</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>3</u> Township <u>20S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3498 GL		9. OGRID Number 161968
		10. Pool name or Wildcat SWD;Devonian

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

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

Commenced SWD injection 6:00 AM 8/9/2012.



Spud Date: Rig Release Date:

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

SIGNATURE KHavenor TITLE Agent DATE 8/9/2012

Type or print name Kay Havenor E-mail address: KHavenor@georesources.com PHONE: 575-706-1840

For State Use Only

APPROVED BY: T. C. Shepard TITLE Geologist DATE 8/9/2012

Conditions of Approval (if any):