Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Me Energy, Minerals and Natur OIL CONSERVATION 1220 South St. Fran Santa Fe, NM 87	ral Resources DIVISION cis Dr.	Form C-103 Revised July 18, 2013 WELL API NO. 30-015-44054 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name CEDAR CANYON SWD	
·	Gas Well 🗌 Other SWD		8. Well Number 1	
2. Name of Operator			9. OGRID Number 161968	
	ГЕ SWD, INC.			
3. Address of Operator PO BOX 1479 CARLSBAD NM 88220			 Pool name or Wildcat [96101] SWD; DEVONIAN 	
4. Well Location	·······			
Unit Letter P ; 1310 feet from the SOUTH line and 1153 feet from the EAST line				
Section 8	Township 24S F	Range 29E	NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2929' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT		
CLOSED-LOOP SYSTEM		OTHER:		

 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. respectfully requests permission to make the following changes to the approved APD:

Surface Casing Setting Depth:

NM OIL CONSERVATION: ARTESIA DISTRICT

FEB 6 2017

RECEIVED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Alanie A Son TITLE Regulatory Analyst DATE 02/06/2017	
Type or print name <u>Melanie J. Wilson</u> E-mail address: <u>mjp1692@gmail.com</u> PHONE: <u>575-914-1461</u> For State Use Only	
APPROVED BY: Augument A. Todam THE Greologist DATE 2-6-2017 Conditions of Approval of any):	
Conditions of Approval (If any):	