## **UNITED STATES**

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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

OMB NO.
Expires: January 15 Lease Scriat No.
NMNM0533177A

A T C 56 If Indian, Allottee or 3 abandoned well.

Artestaf Indian, Allottee or Tribe Name

| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|---------------------------------------------------------------------|----------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                           |                               |               | 7. If Unit or CA/Agreement, Name and/or No.                         |                            |  |
| Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                           |                               |               | 8. Well Name and No.<br>UBER EAST SWD 1                             |                            |  |
| Name of Operator Contact: MELANIE WILSON MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                           |                               |               | 9. API Well No.<br>30-015-43806-00-X1                               |                            |  |
| Ph: 575-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                           | (include area code)<br>4-1461 | ,             | 10. Field and Pool or Exploratory Area<br>SALT WATER DISPOSAL (SWD) |                            |  |
| CARLSBAD, NM 88220 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                           |                               |               | 11. County or Parish, S                                             | Photo                      |  |
| 4. Location of Well (Footage, Sec., T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| Sec 24 T23S R31E NESE 234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                           | EDDY COUNTY                   | , NM          |                                                                     |                            |  |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PPROPRIATE BOX(ES)              | TO INDICA                                                                                                                 | ΓE NATURE O                   | F NOTICE,     | REPORT, OR OTH                                                      | IER DATA                   |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TYPE OF ACTION                  |                                                                                                                           |                               |               |                                                                     |                            |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Acidize ☐                     |                                                                                                                           | □ Deepen □ Produc             |               | ion (Start/Resume)                                                  | ■ Water Shut-Off           |  |
| ☐ Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | ☐ Hydraulic Fracturing ☐ Reclan                                                                                           |                               |               | ation                                                               | ☐ Well Integrity           |  |
| ☐ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ Casing Repair                 | □ New                                                                                                                     | Construction                  | ☐ Recomp      | olete                                                               | Other                      |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Change Plans                  | Plug                                                                                                                      | and Abandon                   | ☐ Tempor      | arily Abandon                                                       | Change to Original A<br>PD |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Convert to Injection          | njection                                                                                                                  |                               | Disposal      |                                                                     |                            |  |
| following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.  Original APD approved 05/19/2016.  Mesquite SWD, Inc. respectfully requests a one year extension of this APD.  Accepted for record - NMOCD  ACCEPTED FOR 24 MONTH PERIOD ENDING |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| APR ENDING 1778 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| 14. I hereby certify that the foregoing is true and correct.  Electronic Submission #406900 verified by the BLM Well Information System  For MESQUITE SWD INCORPORATED, sent to the Carlsbad  Committed to AFMSS for processing by PRISCILLA PEREZ on 03/21/2018 (18PP1355SE)                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| Name (Printed/Typed) MELANIE WILSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                           | Title REGUL                   | ATORY AN      | ALYST                                                               |                            |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Submission)                     |                                                                                                                           | Date 03/07/2                  | 018           |                                                                     |                            |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                           |                               |               |                                                                     |                            |  |
| Approved By DUNCAN WHITLOG Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condu-                                                                                                                                                                                                                                                                                                                                                                                                                  | e subject lease                 | TitleTECHNICAL LEAD PET  Office Carlsbad  erson knowingly and willfully to make to any department or agency of the United |                               |               |                                                                     |                            |  |
| States any false, fictitious or fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | statements or representations a | s to any matter w                                                                                                         | ithin its jurisdiction.       | williumy to m | and to any department of                                            | agency of the Office       |  |