

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

5. Lease Serial No.  
NMNM86024

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

8. Well Name and No.  
CYPRESS SWD 1

9. API Well No.  
30-015-43867

1. Type of Well  
 Oil Well  Gas Well  Other: INJECTION

2. Name of Operator  
MESQUITE SWD INC  
Contact: MELANIE WILSON  
E-Mail: mjp1692@gmail.com

3a. Address  
PO BOX 1479  
CARLSBAD, NM 88221

3b. Phone No. (include area code)  
Ph: 575-914-1461

10. Field and Pool or Exploratory Area  
SWD; DEVONIAN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 34 T23S R29E Mer NMP NWSW 1590FSL 165FWL

11. County or Parish, State  
EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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
	<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 checked="" 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 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 must 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 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.

07/23/2018 - Ran 5-1/2" T95 tbg 9617-14807' and 7" P110 tbg from surface to 9617'. Set packer @ 14807'.

07/24/2018 - Circ 500 bbls packer fluid. Test backside to 1000# for 30 mins. Released rig.

08/22/2018 - Pressure test to 560# for 1 hour with no loss of pressure. Date of first injection.

MIT chart attached.

GC 8-23-18  
Accepted for record - NMOCD

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #432433 verified by the BLM Well Information System For MESQUITE SWD INC, sent to the Carlsbad**

Name (Printed/Typed) MELANIE WILSON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 08/22/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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 _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. 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)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***



State of New Mexico  
Energy, Minerals and Natural Resources Department

Susana Martinez  
Governor

Ken McQueen  
Cabinet Secretary

Matthias Sayer  
Deputy Cabinet

Heather Riley, Division Director  
Oil Conservation Division



Date 8-22-18

API # 30-0 15-43867

Dear Operator:

I have this date performed a Mechanical Integrity Test on the CYPRESS SWD 001

\_\_\_ If this test was successful the original chart has been retained by the operator. Send a legible scan of the chart with form C-103 indicating reason for test. It will be scanned into the well file in 7 to 10 days (pending receipt of legible scan and form C-103). The well files are located at [www.emnrd.state.nm.us/ocd/OCDOonline.htm](http://www.emnrd.state.nm.us/ocd/OCDOonline.htm)

\_\_\_ If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed because of this test.

\_\_\_ If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status. Include how long you are requesting the TA status for.

\_\_\_ If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well **Including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume. Contact Rusty Klein at 575-748-1283 x109 to verify all required paperwork has been received before you can begin injection.**

If I can be of additional service contact me at (575) 748-1283 Ext 114.

Thank You,

Dan Smolik  
Compliance Officer  
District II - Artesia

RECEIVED

AUG 23 2018

DISTRICT II-ARTESIA O.C.D.