

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u>	WELL API NO. 30-025-26676
2. Name of Operator <u>Mesquite SWD Inc.</u>	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. Box 1479 Carlsbad Nm /88221	6. State Oil & Gas Lease No. <u>West Jal Disposal</u>
4. Well Location Unit Letter <u>G</u> : <u>1980'</u> feet from the <u>N</u> line and <u>1980'</u> feet from the <u>E</u> line Section <u>10</u> Township <u>25S</u> Range <u>36E</u> NMPM County <u>LEA</u>	7. Lease Name or Unit Agreement Name <u>West Jal Disposal</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	8. Well Number 1 9. OGRID Number 161968 10. Pool name or Wildcat <u>SWD</u> , Seven Rivers Yates

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
Casing ☐

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100

feet of the uppermost injection perfs or open hole.

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.

- Test packer & tubing to locate hole, & Replace accordingly
- Load back side w/ corrosion inhibitor, Run MIT.

HOBBS OCD

JAN 18 2013

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

RECEIVED

Spud Date:

1/21/13

Rig Release Date:

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours

Prior to the beginning of operations

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

SIGNATURE

Clay Wilson

TITLE

President

DATE

1/18/13

Type or print name
For State Use Only

CLAY L WILSON

E-mail address:

PHONE:

APPROVED BY:

[Signature]

TITLE

Dist MGR

DATE

1-23-2013

CONDITION OF APPROVAL: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.