

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
HOBBBS OCD
SEP 15 2018

WELL API NO. 30-025-43535
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. FEDERAL
7. Lease Name or Unit Agreement Name OKERLUND SWD
8. Well Number 1
9. OGRID Number 161968
10. Pool name or Wildcat [96101] SWD; DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3644' GR

RECEIVED
 SUNDRY NOTICES AND REPORTS ON WELL PROPOSALS
 (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 Gas Well Other **SWD**

2. Name of Operator
MESQUITE SWD, INC.

3. Address of Operator
**PO BOX 1479
CARLSBAD NM 88220**

4. Well Location
 Unit Letter **J** ; **1470** feet from the **SOUTH** line and **1555** feet from the **EAST** line
 Section **7** Township **21S** Range **32E** NMPM **LEA** County

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

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

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.

Mesquite SWD, Inc. requests permission for the following changes to the well plan approved in SWD-1574:

2nd Intermediate Casing: Approved: 9 5/8" 47# L80 LTC Set @ 5100'
 Change to: 9 5/8" 53.5# P110 BTC, Burst SF1.2; Collapse SF 1.125; Joint SF 3.29 Dry; Body SF 3.4 Dry Setting Depth @ 11500'

Production Casing: Approved: 8 1/2" hole to 14300' - 7" 35# HCL80/29# P110 LTC casing set @ surface to 14300'
 Change to: 8 1/2" hole to 14350' - 7 5/8" 39# P110 FJ liner set 11000' - 14350', Burst SF 1.27; Collapse SF 1.23; Joint SF 4.01 Buoy; Body SF 5.35 Buoy

Open Hole: Approved: 5 7/8" 14300' - 16000'
 Change to: 6 1/2" 14350' - 16000'

Tubing: Approved: 4 1/2"
 Change to: 7" x 5 1/2" tapered string

BOP: Approved: 10M BOP with 10M annular
 Change to: Nipple up on 20" csg w/2M BOP system. Nipple up on 13 3/8" csg with 3M BOP system. Nipple up on 9 5/8" csg w/10M BOP system. Request variance for use of 10M BOP with 5M annular. Well Control Plan and BOP diagrams are attached.

*C-103 Resubmitted
MGS.*

Revised proposed well bore diagram is attached.

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

SIGNATURE Melanie J. Wilson TITLE Regulatory Analyst DATE 09/10/2018

Type or print name Melanie J. Wilson E-mail address: mjpl692@gmail.com PHONE: 575-914-1461
For State Use Only

APPROVED BY: Accepted for Record Only DATE _____
 Conditions of Approval (if any): MJBrown 9/19/2018

