Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERPOSE FIELD OFFICE BUREAU OF LAND MANAGEMENT 5. Lea SUNDRY NOTICES AND REPORTS ON WELLS NM

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

5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2 1. Type of Well Gas Well Other: UNKNOWN OTH					1		
					6. If Indian, Allottee or Tribe Name		
					7. If Unit or CA/Agreement, Name and/or No.		
					8. Well Name and No. BIG EDDY SWD 1		
Name of Operator Contact: MELANIE WILSON MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com					9. API Well No. 30-015-05819-00-S2		
Ph: 575-91			(include area code) 4-1461		10. Field and Pool or Exploratory Area UNDESIGNATED		
CARLSBAD, NM 88220 4. Location of Well (Footage, Sec., T.			11. County or Parish, State				
Sec 3 T20S R31E SESE 660F		EDDY COUNTY, NM					
Sec 3 1203 R31E SESE 0001	SL OOUFEL				LDD1 COON1	1 , INIVI	
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	ΓE NATURE O	F NOTICE,	REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION			TYPE OF	ACTION			
☐ Notice of Intent	☐ Acidize	☐ Deep	oen	☐ Product	ion (Start/Resume)	■ Water Shut-Off	
_	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclam	ation	■ Well Integrity	
Subsequent Report	□ Casing Repair	☐ New	Construction	□ Recomp	olete	Other	
☐ Final Abandonment Notice	□ Change Plans	🗖 Plug	and Abandon	□ Tempor	arily Abandon	Workover Operations	
	☐ Convert to Injection ☐ Plu		Back	☐ Water Disposal			
following completion of the involved testing has been completed. Final At determined that the site is ready for following and purpose of the complete of the c	pandonment Notices must be fil inal inspection. packer. Repaired packer.	ed only after all	requirements, includ	ing reclamatio	n, have been completed	and the operator has	
Ran MIT test. Pressure test 33 ending pressure 575 psi. Test	Smolik.	lik. RECEIVE D					
04/03/19 - Put well back on injection.						APR 2 6 2019	
•							
	·			•	DISTRIC	OT II-ARTESIA O.C.D.	
14. I hereby certify that the foregoing is	Electronic Submission #	SWD INCORP	RATED, sent to	the Carlsbac	d Č		
Name (Printed/Typed) MELANIE	WILSON	· 	Title REGUL	ATORY AN	ALYST		
Signature (Electronic Submission)			Date 04/04/2	019			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE		
Accepted for record - NMOCD					<u> </u>	APR 1 0 201	
Approved By			Jo	pted for enathon S enstant Field	hepard	Date	
which would entitle the applicant to condi	act operations thereon.		I OTHER	- revau FIGI	u Onice	Cd. W. i. 1	

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.