Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 201

SUNDRY Do not use thi abandoned we		Lease Senal No. NMNM01877 If Indian, Allottee or Tribe Name					
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
Type of Well ☐ Oil Well ☐ Gas Well ☒ Oth		8. Well Name and No. BIG EDDY SWD					
Name of Operator Contact: MELANIE WILSON MESQUITE SWD, INC. E-Mail: mjp1692@gmail.com					9. API Well No. 30-015-25819	05819	
3a. Address PO BOX 1479 CARLSBAD, NM 88221	b. Phone No. Ph: 575-91	(include area code) 10. Field and I SWD;DEV		10. Field and Pool or I SWD;DEVONIA			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State		
Sec 3 T20S R31E Mer NMP S	EDDY COUNTY	Y, NM					
12. CHECK THE AF	PPROPRIATE BOX(ES) TO) INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	HER DATA	
TYPE OF SUBMISSION	SSION TYPE OF ACTION						
☐ Notice of Intent	☐ Acidize	□ Deep	en	☐ Product	ion (Start/Resume)	■ Water Shut-Off	
■ Subsequent Report	☐ Alter Casing ☐ Hyo		aulic Fracturing	■ Reclamation		Well Integrity	
			Construction	☐ Recomplete		Other	
☐ Final Abandonment Notice	☐ Change Plans		and Abandon	☐ Temporarily Abandon			
13. Describe Proposed or Completed Ope	☐ Convert to Injection	☐ Plug		☐ Water Disposal			
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi 06/04/19 - Ran MIT Test. Pre	operations. If the operation results pandonment Notices must be filed of inal inspection.	s in a multiple only after all r	completion or reco equirements, includ	ompletion in a i	new interval, a Form 316	0-4 must be filed once	
MIT chart attached.					REC	eved	
					JUN 1	8 2019	
					DISTRICTII-A	ARTESIAO.C.D.	
14. I hereby certify that the foregoing is	Electronic Submission #469	446 verified E SWD, IN	l by the BLM Wel	l Information	ı System		
Name (Printed/Typed) MELANIE	WILSON		Title REGUL	ATORY AN	ALYST		
Signature (Electronic S	Submission)		Date 06/17/2	019			
	THIS SPACE FOR	FEDERA	L OR STATE	OFFICE U	SE		
Approved By Accepted for record - NMOCD 75			Title			Date - 1971	
Conditions of approval, if any, are attache certify that the applicant holds legal or equ which would entitle the applicant to condu		Office					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a crimstatements or representations as to a	me for any pe any matter wi	rson knowingly and thin its jurisdiction.	willfully to ma	ake to any department or	agency of the United	