

**OCD Artesia**

**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.

8. Well Name and No.  
CYPRESS SWD 1

9. API Well No.  
30-015-43867-00-S1

10. Field and Pool or Exploratory Area  
SALT WATER DISPOSAL (SWD)

11. County or Parish, State  
EDDY COUNTY, NM

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

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

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

3a. Address  
CARLSBAD, NM 88220

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

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

**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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input checked="" type="checkbox"/> Well Integrity
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Other
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input 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.

06/05/19 - Ran MIT Test. Pressure test to 565 psi for 32 minutes. Start 565 psi, end 565 psi.

MIT chart attached.

RECEIVED

JUL 23 2019

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #469440 verified by the BLM Well Information System  
For MESQUITE SWD INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2495SE)**

Name (Printed/Typed) MELANIE WILSON Title REGULATORY ANALYST

Signature (Electronic Submission) Date 06/17/2019

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

Approved By Accepted for record - NMOC D S Title **Accepted for Record** Date **JUN 18 2019**

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 **Jonathon Shepard  
Carlsbad Field 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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

District 2-Artesia Field Office  
 811 S. 1<sup>st</sup> Street  
 Artesia, NM 88210  
 (Office) 575-748-1283  
 (Fax) 575-748-9720  
 Submit 1 Copy

**State of New Mexico**  
**EMNRD-OIL CONSERVATION DIVISION**

**BRADENHEAD TEST REPORT**

Operator Name Mesquite SWD, Inc.	<sup>30</sup> API Number 30-015-43867
Property Name Cypress SWD	Well No. 1

**7. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	34	23S	29E	1590	S	165	W	Eddy

**Well Status**

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ <input type="radio"/> SWD <input checked="" type="radio"/>	OIL <input type="radio"/> GAS <input type="radio"/>	6/4/2019

**OBSERVED DATA**

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
<b>Flow Characteristics</b>					
Puff	Y/ N	Y/ N )	Y/ N	Y/ N	CO2 _____
Steady Flow	Y/ N	Y/ N	Y/ N	Y/ N	WTR _____
Surges	Y/ N	Y/ N	Y/ N	Y/ N	GAS _____
Down to nothing	Y/ N	Y/ N	Y/ N	Y/ N	If applicable type
Gas or Oil	Y/ N	Y/ N	Y/ N	Y/ N	fluid injected for
Water	Y/ N	Y/ N	Y/ N	Y/ N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	<b>OIL CONSERVATION DIVISION</b>
Print name: Rusty Parker	Recorded online:
Title:	Re-test:
E-mail Address: _____ Phone #: _____	
Date: _____	Witness: _____