

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-015-23728

5. Indicate Type of Lease
STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
SWD-247-A

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 SWD	7. Lease Name or Unit Agreement Name Dorstate SWD
2. Name of Operator Mesquite SWD, Inc.	8. Well Number 001
3. Address of Operator P.O. Box 1479 Carlsbad, NM 88221	9. OGRID Number 161968
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>27</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County	10. Pool name or Wildcat
11. Elevation (Show whether DB, NGL, RT, GR, etc.) 2968 GR	

RECEIVED
JUL 7 2010
NMOCD ARTESIA

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: MIT <input checked="" 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.

7/6/2010 MIT run under observation of OCD Richard Inge. Pressure held 30 min. Well returned to disposal this date.

Accepted for record
NMOCD
7/8/10
WELL RE-COMPLETION INFORMATION NOT
YET RECEIVED

Spud Date:

Rig Release Date:

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

SIGNATURE Kay Havenor TITLE Agent DATE 7/6/2010

Type or print name Kay Havenor E-mail address: KHavenor@georesources.com PHONE: 575-622-0283
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____