

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTCarlsbad Field Office
OCD HobbsFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.
NMNM26394

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
VACA DRAW FEDERAL SWD 19. API Well No.
30-025-23895-00-S110. Field and Pool or Exploratory Area
SWD-DEVONIAN11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: UNKNOWN OTH

2. Name of Operator

MESQUITE SWD INCORPORATED

Contact: MELANIE WILSON

E-Mail: mjp1692@gmail.com

3a. Address

CARLSBAD, NM 88221

3b. Phone No. (include area code)

Ph: 575-914-1461

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 21 T25S R33E SESE 658FSL 662FEL

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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<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 recompleat 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 recompleat 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.

05/29/19 - Ran MIT Test. Pressure test to 560 psi for 32 minutes. Start 560 psi, end 595 psi.

MIT chart attached.

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

Electronic Submission #469441 verified by the BLM Well Information System

For MESQUITE SWD INCORPORATED, sent to the Hobbs

Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2230SE)

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

Title

Accepted for Record

JUL 10 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

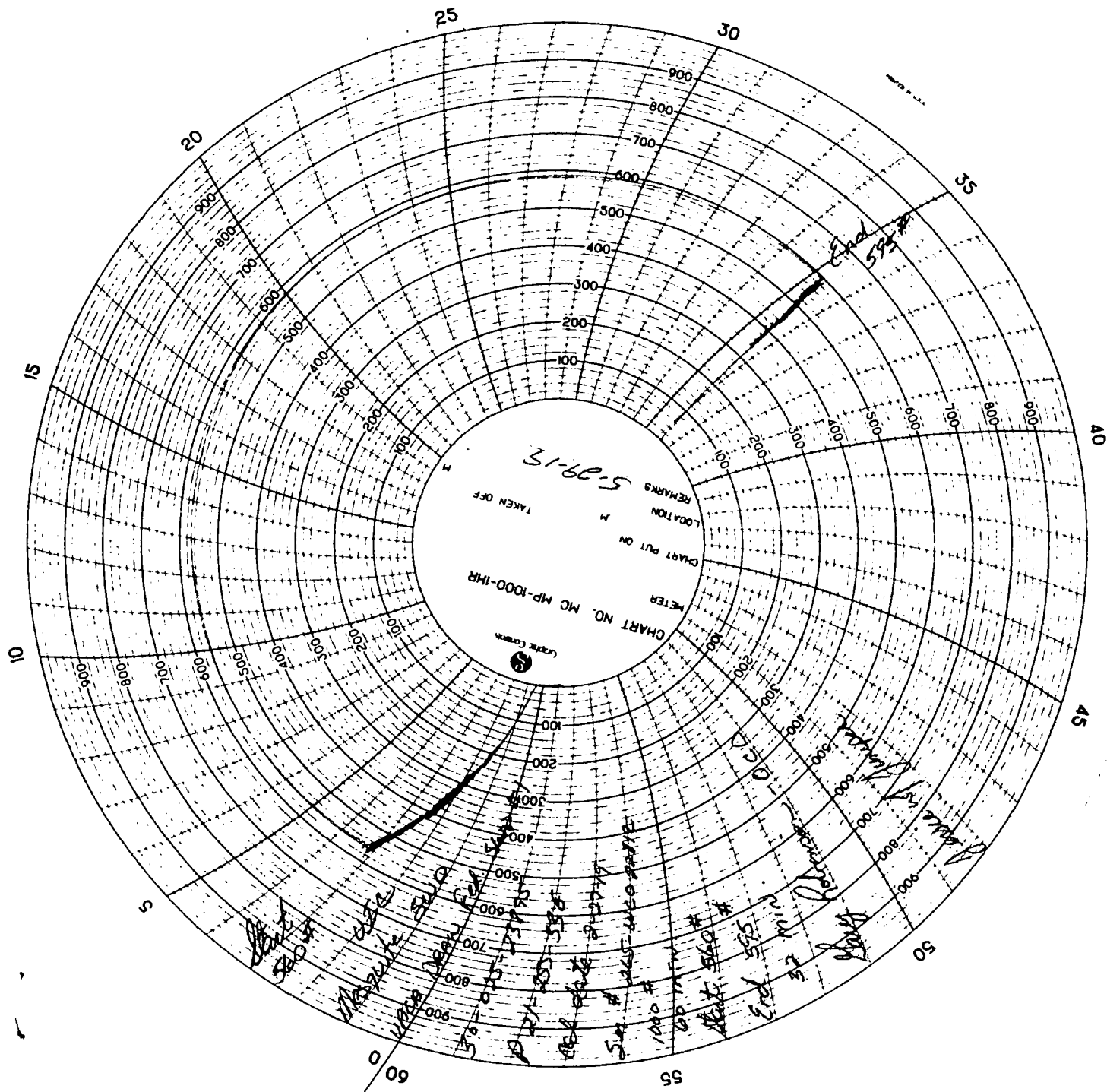
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

8-26-19

FOR RECORD ONLY



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Mesquite SWD					API Number 30-025-23885				
Property Name VITA DRAW Fed. SWD.					Well No. #1				
Surface Location									
U/L - Lot P	Section 21	Township 25S	Range 33E		Feet from 658	N/S Line S	Feet from 662	E/W Line E	County LEA
Well Status									
TA'D WELL YES <input checked="" type="radio"/> NO		SHUT-IN YES <input checked="" type="radio"/> NO		INJECTOR INJ <input checked="" type="radio"/> SWD		PRODUCER OIL <input checked="" type="radio"/> GAS		DATE 5-29-19	

OBSERVED DATA

	(A) Surface	(B) Intern#1	(C) Intern#2	(D) Prod Casing	(E) Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Pull	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	WTR <input type="checkbox"/>
Burgas	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Type of fluid required for completion test
Gas or Oil	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Water	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Pumps down-low water

Surface casing needs to be piped to above ground before next year.

Signature		OIL CONSERVATION DIVISION	
Printed name		Entered into RBDMS JK	
Title		Re-test	
E-mail Address			
Date	Phone		
Witness Cheryl Robinson			

INSTRUCTIONS ON BACK OF THIS FORM