

Submit To Appropriate District Office  
Two Copies  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**NM OIL CONSERVATION** State of New Mexico  
ARTESIA DISTRICT Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-105  
Revised August 1, 2011

JAN 19 2017  
RECEIVED

1. WELL API NO. **30-015-43895**

2. Type of Lease  
 STATE  FEE  FED/INDIAN

3. State Oil & Gas Lease No.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

4. Reason for filing:  
 **COMPLETION REPORT** (Fill in boxes #1 through #31 for State and Fee wells only)  
 **C-144 CLOSURE ATTACHMENT** (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)

5. Lease Name or Unit Agreement Name  
**OXY MOUTRAY SWD**

6. Well Number:  
**1**

7. Type of Completion:  
 NEW WELL  WORKOVER  DEEPENING  PLUGBACK  DIFFERENT RESERVOIR  OTHER

8. Name of Operator  
**MESQUITE SWD, INC.**

9. OGRID  
**161968**

10. Address of Operator  
**PO BOX 1479  
CARLSBAD NM 88221**

11. Pool name or Wildcat  
**[96101] SWD;DEVONIAN**

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	A	28	24S	29E		140	N	945	E	EDDY
BH:										

13. Date Spudded  
**10/03/2016**

14. Date T.D. Reached  
**11/17/2016**

15. Date Rig Released  
**11/21/2016**

16. Date Completed (Ready to Produce)  
**01/06/2017**

17. Elevations (DF and RKB, RT, GR, etc.)  
**2930' GR**

18. Total Measured Depth of Well  
**16036'**

19. Plug Back Measured Depth  
**16036'**

20. Was Directional Survey Made?  
**No**

21. Type Electric and Other Logs Run

22. Producing Interval(s), of this completion - Top, Bottom, Name  
**14905-16036' (OH) Devonian-Fussleman-Montoya**

**SWD-1640**

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>20"</b>	<b>94#</b>	<b>556'</b>	<b>26"</b>	<b>1100 sx/circ</b>	<b>0</b>
<b>13 3/8"</b>	<b>68#</b>	<b>2823'</b>	<b>17 1/2"</b>	<b>1990 sx/circ</b>	<b>0</b>
<b>9 5/8"</b>	<b>47#</b>	<b>10204'</b>	<b>12 1/4"</b>	<b>2400 sx/circ</b>	<b>0</b>

**24. LINER RECORD**

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD SIZE	DEPTH SET	PACKER SET
<b>7 5/8"</b>	<b>9522'</b>	<b>14905'</b>	<b>475 sx</b>		<b>4 1/2"</b>	<b>14870'</b>	<b>14870'</b>

26. Perforation record (interval, size, and number)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  
DEPTH INTERVAL  
**14905-16036' OH**

AMOUNT AND KIND MATERIAL USED  
**40,000 gal HCl**

**28. PRODUCTION**

Date First Production

Production Method (Flowing, gas lift, pumping - Size and type pump)

Well Status (Prod. or Shut-in)  
**SI**

Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Test Witnessed By

31. List Attachments  
**LOGS**

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.

33. If an on-site burial was used at the well, report the exact location of the on-site burial:

Latitude Longitude NAD 1927 1983

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

Signature *Melanie J. Wilson*  
Printed Name **Melanie J. Wilson** Title **Regulatory Analyst** Date **01/18/2017**

E-mail Address **mjp1692@gmail.com**

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87420  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**NM OIL CONSERVATION** State of New Mexico  
**ARTESIA DISTRICT** Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

JAN 19 2017

RECEIVED

WELL API NO. <b>30-015-43895</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>OXY MOUTRAY SWD</b>
8. Well Number <b>1</b>
9. OGRID Number <b>161968</b>
10. Pool name or Wildcat <b>[96101] SWD; DEVONIAN</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>2930' GR</b>

**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  Gas Well  Other **SWD**

2. Name of Operator  
**MESQUITE SWD, INC.**

3. Address of Operator **PO BOX 1479  
CARLSBAD NM 88220**

4. Well Location  
 Unit Letter **A** ; **140** feet from the **NORTH** line and **945** feet from the **EAST** line  
 Section **28** Township **24S** Range **29E** NMPM: **EDDY** County

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 checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER <input 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.

- 10/03/16 - Spud well at 4:30 pm
- 10/04/16 - Drill 26" hole to 560'. Set 20" 94# J-55 BTC csg @ 556'. Cmt w/1010 sx Class C. Did not circ. Ran 1" to 124'. Pump 63 sx Class C cmt. Ran 1" to 85', pump 27 sx Class C cmt to surf.
- 10/10/16 - Drill 17 1/2" hole to 2828'. Set 13 3/8" 68# J-55 BTC csg @ 2823'. Cmt w/1990 sx Class C. Circ.
- 10/26/16 - Drill 12 1/4" hole to 10209'. Set 9 5/8" 47# L-80 BTC csg @ 10204'. Cmt w/2400 sx Class C. Circ.
- 11/11/16 - Drill 8 1/2" hole to 14906'. Set 7 7/8" 39# HCQ125 Liberty Ultra Flush liner 9544-14905'. Cmt w/475 sx 50/50 PozH.
- 11/18/16 - Drill 6 1/2" hole to 16036'.
- 11/21/16 - RDMO drlg rig.

2017 FEB -2 P 2:13  
 RECEIVED (OCB)

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

SIGNATURE Melanie J. Wilson TITLE Regulatory Analyst DATE 01/17/2017

Type or print name Melanie J. Wilson E-mail address: mjpl692@gmail.com PHONE: 575-914-1461

**For State Use Only**

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

State of New Mexico  
Energy, Minerals and Natural Resources  
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**NM OIL CONSERVATION**

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Section: **28** Township **24S** Range **29E** NMPM **EDDY** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**2930' GR**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>COMPLETION OPERATIONS</b> <input checked="" type="checkbox"/>	

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- 01/09/2017 - MIRU. RIH w/work string. Acidize OH 14905-16036' w/40,000 gal HCl. Set 4 1/2" 15.1# P-110 Duoline coated tubing and Permapak pkr @ 14870'.
- 01/18/2017 - Pressure test to 345# for 30 minutes. Test witnessed by Richard Inge, NMOCD. Good test. Began injection - 8 BPM @ 800#.

Order No. SWD-1649

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

SIGNATURE Melanie J. Wilson TITLE Regulatory Analyst DATE 01/18/2017

Type or print name Melanie J. Wilson E-mail address: mjp1692@gmail.com PHONE: 575-914-1461  
**For State Use Only**

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

