

RECEIVED: <i>5/10/2017</i>	REVIEWER: <i>PRG</i>	TYPE: <i>SUD</i>	APP NO: <i>DMAMI 712152379</i>
-------------------------------	-------------------------	---------------------	-----------------------------------

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

*Supposed
05-10-2017
written in Haver
don't know what they say*

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: Mesquite SWD, Inc	OGRID Number: 161968
Well Name: Red Hills SWD Well No.1	API: 30-025-pending
Pool: SWD; Devonian Silurian	Pool Code: 97869

SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED BELOW

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]
- A. Location - Spacing Unit - Simultaneous Dedication
 NSL NSP (PROJECT AREA) NSP (PRORATION UNIT) SD
- B. Check one only for [I] or [II]
- [I] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
- [II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

SUD-168

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.
- A. Offset operators or lease holders
 B. Royalty, overriding royalty owners, revenue owners
 C. Application requires published notice
 D. Notification and/or concurrent approval by SLO
 E. Notification and/or concurrent approval by BLM
 F. Surface owner
 G. For all of the above, proof of notification or publication is attached, and/or,
 H. No notice required

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Kay Havenor

May 1, 2017
Date

Print or Type Name

Phone Number

SEC Application
Signature

kay.havenor@gmail.com
e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No

II. OPERATOR: Mesquite SWD, Inc RECEIVED 2017 MAY -1 P 2:00

ADDRESS: P.O. Box 1478 Carlsbad, NM 88220

CONTACT PARTY: Kay Havenor PHONE: 575-626-4518

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? Yes No
If yes, give the Division order number authorizing the project: _____

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Kay Havenor TITLE: Agent

SIGNATURE: Kay C Havenor DATE: 3/28/2017

E-MAIL ADDRESS: Kay.Havenor@Gmail.com Mesquite SWD, Inc contact: ClayL.Wilson@hotmail.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: Mesquite SWD, Inc. (OGRID 161968)WELL NAME & NUMBER: Red Hills SWD #1 30-025-NA (New Drill)WELL LOCATION: 1500' FNL & 430' FEL E 5 26S 33E
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGEWELLBORE SCHEMATIC

See attached diagram

PROPOSED WELL CONSTRUCTION DATASurface CasingHole Size: 26" Casing Size: 20" 133# J-55 BTCCemented with: 650 sx. or _____ ft³Top of Cement: Surface Method Determined: CirculateIntermediate-1 CasingHole Size: 17-1/2" Casing Size: 13-3/8" 68#N-80 LTCCemented with: 1000 sx. or _____ ft³Top of Cement: Surface Method Determined: CirculateIntermediate-2 CasingHole Size: 12 1/4" Casing Size: 9 5/8" 53.5# L-80 LTCCemented with: 1800 sx. or _____ ft³Top of Cement: Surface Method Determined: Opr

Liner

Hole Size 8½" Casing Size 7⅝" 39/42.8# P-110

Cemented with: 2400 sx. or _____ ft³

Top of Cement Surface Method Determined Opr

Total Depth: Approx 17,820'

Injection Interval

Approximately 16,620' To Approximately 17,820'

(Perforated or Open Hole; indicate which) Open Hole

INJECTION WELL DATA SHEET

Tubing Size: P110 5.5"17/20# P-110/N-80 Lining Material: Fiberglass coated

Type of Packer: Lok-Set or equivalent

Packer Setting Depth: Approx 16,620 ft

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: Siluro-Devonian

3. Name of Field or Pool (if applicable): _____

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. New drill

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: Delaware & Bone Springs horizons all above approximately 9,800'

6. Rule 5.9 Compliance: Number of active wells: 23 Number of Inactive wells 2

Mesquite SWD, Inc.
 Red Hills SWD #1
 1500' FNL & 430' FEL
 Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

PROPOSED NEW WELL DIAGRAM

API: 30025XXXX
 Operator: Mesquite SWD, Inc
 Lease: Red Hills SWD
 Location: Sec 5, T26S-R33E Lea Co., NM
 Footage: 1500 FNL, 430 FEL

Well No:

KB: 3364' est
 GL: 3338' (Google)
 MSL of TD: -14456' est
 32.07533N 103.48434W

Surface Csg

Size: 20" 133# J-55 BTC
 Set @: 880
 Sxs cmt: 1980
 Circ: Yes
 TDC: Surf
 Hole Size: 26"

Intermediate Csg

Size: 13-3/8" 68# HCN-80 LTC
 Set @: 4,400
 Sxs cmt: 1000
 Circ: Yes
 TDC: Surf
 Hole Size: 17-1/2"

Intermediate-2 Csg

Size: 9-5/8" 47# HCL
 Set @: 11700
 Sxs cmt: 1800
 Circ: Yes
 Hole Size: 12-1/4"

Liner

Size: 7-5/8" 39/42.8# P-110
 Top: 11650
 Set @: 16620
 Sx cmt: 2880
 Circ: Yes
 Hole Size: 8-1/2"

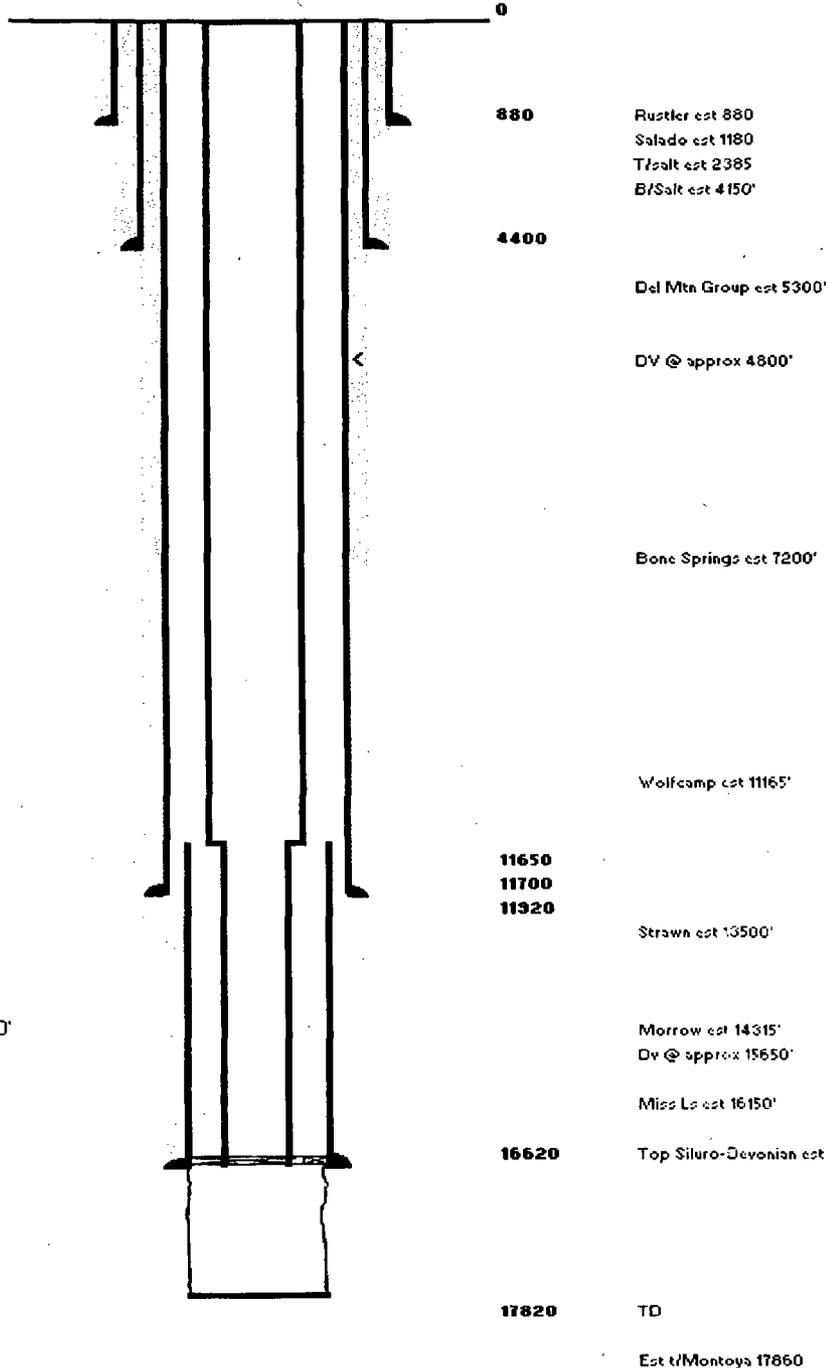
Open Hole

Size: 16620-18010'
 Interval: 16620-18010'
 Hole Size: 6-1/4"

Tubular requirements (made-up): 5-1/2"
 0-300' 17# N80 Butt, 330'-11,000' 17# N80 LTC,
 11,000'-11,650' 20# N80 LTC, 4.5" 11,650'-12,800'
 11.6# P110 LTC, 12,800'-14,400' 13.5# N80 LTC
 14,400'-16,620' 31.5# P110 LTC

Lok-Set or equivalent approx 16,620'

Open hole acid if required.
 Tubing annulus w/corrosion inhibitor
 Complete surface head for disposal



Mesquite SWD, Inc
 Red Hills SWD #1
 1500' FNL & 430' FEL
 Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Only known well in AOR:

API	WELL NAME	STATUS	SDT	SEC	TWP	RANGE	R16	NS	R16	BN	CO	OPERATOR	WELL LAND	PLUG DATE	SPUD	ELEV.	TD DEPTH
3002521802	RED HILLS UNIT 002	Active	B	5	26.05	33E	990 N	1650 E	B			CIMAREX ENERGY CO. OF COLORADO	G P		26-Mar-66	3377	15005

3002521802 Cimarex Energy Co. of Colorado 990' FNL and 1650' FEL Unit B, Sec. 5, T26S-R33E Spud 3/26/1966 TD 15005' Active well
 Well did not penetrate below Pennsylvanian.

No known wells in the AOR penetrate pre-Pennsylvanian formations. Upper Siluro-Devonian has been tested and found to be non-commercial in the Red Hills Unit. Lower Siluro-Devonian has not been penetrated in the AOR.

Item VII:

1. The maximum injected volume anticipated is 25,000 BWPD. Average anticipated is 18,000 BWPD.
2. Injection will be through a closed system.
3. Maximum injection pressure is expected to be 3,324 psi, or as controlled by depth.
4. Sources will be produced water that is compatible with known waters in the disposal zones.
5. Water sample analyses from the immediate surrounding Siluro-Devonian area are not known, however, the regional information indicates it is not commercially productive of hydrocarbons.

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Item VIII:

Disposal will be into Siluro-Devonian formations.

There is no known potable water within a 1-mile radius. Records from the New Mexico Office of the State Engineer on February 18, 2017 show no known water wells within a 1-mile radius of the proposed Mesquite SWD disposal well.



New Mexico Office of the State Engineer Wells with Well Log Information

No wells found.

Basin/County Search:

Basin: Capitan County: Lea

UTMNAD83 Radius Search (in meters):

Easting (X): 614370 Northing (Y): 3605560 Radius: 3600

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

2/18/17 12:09 PM

WELLS WITH WELL LOG INFORMATION

The surface geology of the greater area, including the 2-mile radius as shown in Item V above, is lower Pliocene to middle Miocene Ogallala Formation eolian and alluvial deposits. These are underlain by Permian formations and evaporites. Based upon surface geology the depth of potable water is expected to be less than 250'.

Known water samples in T26S-R33E:

WELLNAME	API	TOWNSHIP	RANGE	SECTION	TDS(mg/L)	Chlorides(mg/L)
NORTH EL MAR UNIT #017	3002508430	26S	33E	30	254756	159400
NORTH EL MAR UNIT #057	3002508440	26S	33E	31	259554	163000
GOEDEKE #002	3002508407	26S	33E	10	293925	184000

Item IX:

Acid may be applied after completion. No other formation stimulation is currently planned.

Item X:

Logs will be filed with the OCD upon completion of the well. Density-Neutron planed from approximately 16,620' to TD.

Item XI:

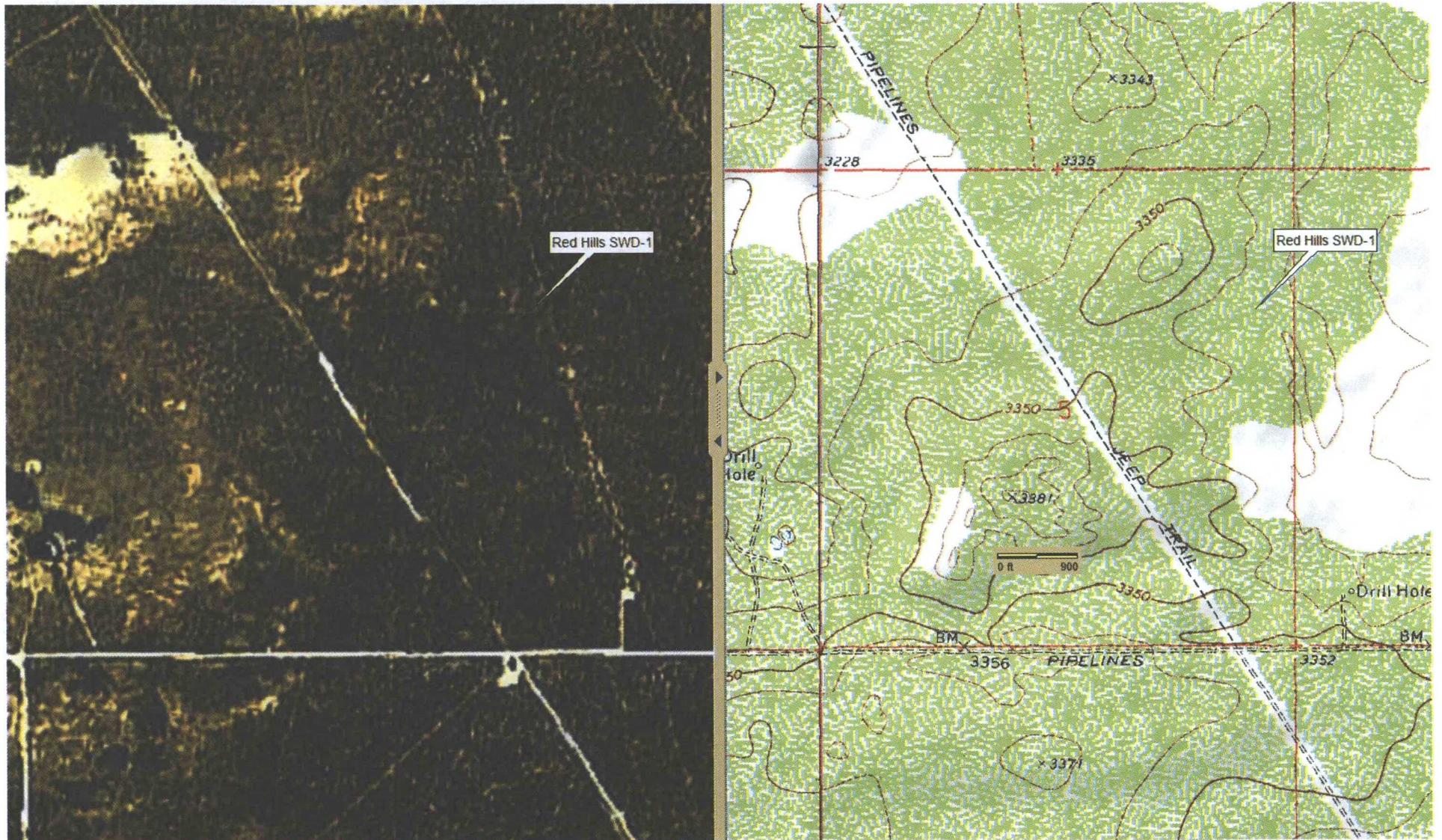
Please note Item VIII discussion above.

Item XII:

There is no geological evidence of open faults or hydrologic connection between the disposal zone and any possible underground sources of protectable water.

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA



Delorme X-Map6 Pro
Located approximately 23.3 miles west of Jal, NM.

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA



Google Earth view of Red Hills SWD #1 proposed location

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Item XIII: Proof of Notice

Minerals Owner:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

Operator:

Cimarex Energy Co. of Colorado
600 N. Marienfeld St. Suite 600
Midland, TX 79701

Surface:

Mr. Jeff Robbins
301 Orla Rd.
Jal, NM 88252

Red Hills Unit Operator
T26S-R33E Lea Co. NM

Mesquite SWD, Inc.
 Red Hills SWD #1
 1500' FNL & 430' FEL
 Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Item XIII: Notification Receipts

Page 1

7015 0920 0001 7676 4580

U.S. Postal Service® CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Postage \$	\$2.75
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$2.75

03/31/2017

Sent to
 Mr. Jeff Robbins
 Street & Apt. No.,
 or PO Box No. 301 Orla Road
 City, State, ZIP+4®
 Jal, NM 88252

PS Form 3800, July 2014 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Mr. Jeff Robbins 301 Orla Road. Jal, MM 88252</p> <p>2. Article Number (Transfer from service label)</p> <p>7015 0920 0001 7676 4580</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mr. Jeff Robbins</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Page 2



April 5, 2017

Dear Customer:

The following is the proof-of-delivery for tracking number **778797757636**.

Delivery Information:

Status:	Delivered	Delivered to:	Receptionist/Front Desk
Signed for by:	A.GARCIA	Delivery location:	600 N MARIENFELD ST 600 MIDLAND, TX 79701
Service type:	FedEx Express Saver	Delivery date:	Apr 4, 2017 11:06
Special Handling:	Deliver Weekday		

Shipping Information:

Tracking number:	778797757636	Ship date:	Mar 31, 2017
-------------------------	--------------	-------------------	--------------

Recipient:
Cimarex Energy CO of Colorado
600 N MARIENFELD ST
STE 600
MIDLAND, TX 79701 US

Shipper:
Deborah Havenor
904 Moore Ave
Roswell, NM 88201 US

Thank you for choosing FedEx.

Mesquite SWD, Inc.
Red Hills SWD #1
1500' FNL & 430' FEL
Sec. 5, T26S-R33E Lea County, NM

API 30-025-NA

Page 3



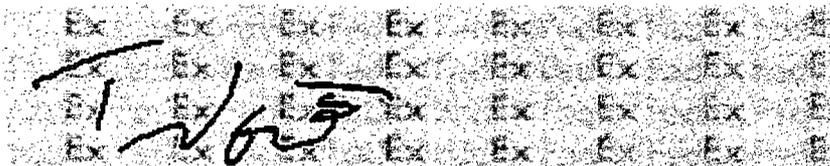
April 5, 2017

Dear Customer:

The following is the proof-of-delivery for tracking number **778797683310**.

Delivery Information:

Status:	Delivered	Delivered to:	Receptionist/Front Desk
Signed for by:	T.NORRIS	Delivery location:	620 E GREENE ST CARLSBAD, NM 88220
Service type:	FedEx Express Saver	Delivery date:	Apr 3, 2017 10:57
Special Handling:	Deliver Weekday		



Shipping Information:

Tracking number:	778797683310	Ship date:	Mar 31, 2017
-------------------------	--------------	-------------------	--------------

Recipient:
Bureau of Land Management
620 E GREENE ST
CARLSBAD, NM 88220 US

Shipper:
Deborah Havenor
904 Moore Ave
Roswell, NM 88201 US

Thank you for choosing FedEx.

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Monday, May 1, 2017 3:30 PM
To: 'Kay Havenor'
Cc: Goetze, Phillip, EMNRD; Jones, William V, EMNRD
Subject: Suspended application Mesquite SWD, Inc. Red Hills SWD Well No. 1

Kay:
The OCD received your application for the Red Hills SWD Well No. 1 (proposed well) on May 1, 2017.
Your application has been suspended, until the Hearing concerning the permitted *tubing* inside a liner has been issued.

Thanks
Mike

MICHAEL A. MCMILLAN
Engineering Bureau, Oil Conservation Division
1220 south St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448
Michael.McMillan@state.nm.us



New Mexico Office of the State Engineer Water Column/Average Depth to Water

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

No records found.

PLSS Search:

Section(s): 4-6

Township: 26S

Range: 33E

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

8/3/17 9:48 AM

WATER COLUMN/ AVERAGE
DEPTH TO WATER



C-108 Review Checklist: Received 5/2/2017 Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 15]

ORDER TYPE: WFX / PMX (SWD) Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. #1 Well Name(s): Red Hills SWD

API: 30-0 25-Pending Spud Date: TBD New or Old: N (UIC Class II Primacy 03/07/1982)

Footages 1500 FNL 430 FEL Lot _____ or Unit H Sec 5 Tsp 263 Rge 33E County LC9

General Location: 2.25 miles S of JAI Pool: SWD, Devonian-Silurian Pool No.: 97869

BLM 100K Map: JAI Operator: Mesquites SWD Inc OGRID: _____ Contact: _____

COMPLIANCE RULE 5.9: Total Wells: 26 Inactive: 2 Fincl Assur: OK Compl. Order? MA IS 5.9 OK? X Date: 8-03-2017

WELL FILE REVIEWED Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging: _____

Planned Rehab Work to Well: _____

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sk or Cf	Cement Top and Determination Method
Planned ___ or Existing ___ Surface	<u>26" / 20"</u>	<u>880</u>	<u>1980</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Intern/Prod	<u>17 1/2" / 13 3/4"</u>	<u>4400</u>	<u>1000</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Intern/Prod	<u>12 3/4" / 9 5/8"</u>	<u>11700</u>	<u>1800</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Prod <u>(C)</u> Liner	<u>8 1/2" / 7 5/8"</u>	<u>16620</u>	<u>2280</u>	<u>11650 / C-B-L</u>
Planned ___ or Existing ___ Liner				
Planned ___ or Existing ___ OH / PERF	<u>16620 / 17820</u>			

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.		<u>DV</u>	<u>16620</u>	Drilled TD <u>17820</u> PBSD _____
Confining Unit: Litho. Struc. Por.		<u>MS</u>	<u>16150</u>	NEW TD _____ NEW PBSD _____
Proposed Inj Interval TOP:			<u>16620</u>	NEW Open Hole <input checked="" type="radio"/> or NEW Perfs <input type="radio"/>
Proposed Inj Interval BOTTOM:			<u>17820</u>	Tubing Size _____ in. Inter Coated? _____
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth <u>16620</u> ft
Adjacent Unit: Litho. Struc. Por.				Min. Packer Depth <u>16520</u> (100-ft limit)
				Proposed Max. Surface Press. <u>3324</u> psi
				Admin. Inj. Press. <u>3324</u> (0.2 psi per ft)

** -> 5' Inj Supply Int
4 1/2' Liner*

AOR: Hydrologic and Geologic Information

POTASH: R-111-P MA Noticed? _____ BLM Sec Ord WIPP Noticed? _____ Salt/Salado T: 800 B: 1180 NW: Cliff House fm _____

FRESH WATER: Aquifer MA Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin: CAPITAN REEF thru Delaware, BS adj. NA No. Wells within 1-Mile Radius? _____ FW Analysis _____

Disposal Fluid: Formation Source(s) W Analysis? Y On Lease Operator Only or Commercial

Disposal Int: Inject Rate (Avg/Max BWPD): 144/25K Protectable Waters? _____ Source: _____ System Closed or Open

HC Potential: Producing Interval? MA Formerly Producing? _____ Method: Logs/DST/P&A/Other regional 2-Mile Radius Pool Map

AOR Wells: 1/2-M Radius Map? Y Well List? Y Total No. Wells Penetrating Interval: 0 Horizontals? _____

Penetrating Wells: No. Active Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date March 30, 2017 Mineral Owner BLM Surface Owner BLM N. Date March 30, 2017

RULE 26.7(A): Identified Tracts? _____ Affected Persons: Cimrex, BLM N. Date March 31, 2017

Order Conditions: Issues: 1) C-B-L Heavy 500' or small
Add Order Cond: to open string -> 5' tubing, 5' or 6' or smaller