Form 3160-5 (June 2015)	D15) DEPARTMENT OF THE INTERIOR BURGALLOE LAND MANAGEMENT					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill-or to abandoned well. Use form 3160-3 (APD) for such proposals.						NMNM104730		
SUBMIT IN TRIPLICATE - Other instructions on page 2 7. If Unit or CA/Agreement, Name and/or N								
1. Type of Well						8. Well Name and No. SAND DUNES SWD 1		
Oil Well Gas Well Other: INJECTION						9. API Well No.		
2. Name of Operator Contact: MELANIE WILSON MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com					30-015-44612-00-X1			
3a. Address	D NM 89220	3b. Phone No. (include area code) Ph: 575-914-1461			10. Field and Pool or Exploratory Area SWD-DEVONIAN			
CARLSBAD, NM 88220 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						11. County or Parish, State		
Sec 5 T24S R31E SESW 260FSL 2053FWL 32.239822 N Lat, 103.801743 W Lon				EDDY CO		EDDY COUNTY	Υ, NM	
12	. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	FE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF	SUBMISSION	TYPE OF ACTION						
□ Notice of	Intent	Acidize	🗖 Dee	oen	D Producti	on (Start/Resume)	Uwater Shut-Off	
_		Alter Casing	🗖 Hyd	raulic Fracturing	🗖 Reclama	tion	🛛 Well Integrity	
🛛 Subseque	ent Report	Casing Repair	🗖 New	Construction	Recomp	lete	Other	
🗖 Final Ab	andonment Notice	Change Plans		Plug and Abandon		Temporarily Abandon		
		Convert to Injection	Plug Back			Vater Disposal of any proposed work and approximate duration thereof.		
following con testing has be determined th 10/11/2018 packer @	mpletion of the involved een completed. Final At hat the site is ready for f 8 - Ran 5-1/2" 20# 7 16413'.	k will be performed or provid operations. If the operation r pandonment Notices must be fi inal inspection. 195 tbg 10990-16413' an rc 500 bbls packer fluid.	esults in a multipl led only after all d 7" 26# P110	e completion or rec requirements, includ tbg from surfac	ompletion in a n ding reclamation e to 10990'.	ew interval, a Form 316 , have been completed a Set	0-4 must be filed once	
	8 - Pressure test to	560# for 30 min. Test wit	-				RECEIVED	
MIT Chart								
GC 1/-8-1 Accepted for record - Ni					CD		NOV 0 6 2018	
						DISTRI	CT II-ARTESIA O. C.D .	
14. I hereby cer	tify that the foregoing is	Electronic Submission #	SWD INCORPO	RATED, sent to	the Carlsbad	-		
Name (Printed/Typed) MELANIE WILSON				Title REGU	LATORY ANA	ALYST		
Signature (Electronic Submission)				Date 10/25/2	2018			
	<u></u>	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE US	SE		
Approved By				ACCEPT	ED FOR	RECORD	Date	
Conditions of approval, if any, are attached. Approval of this notice does not w certify that the applicant holds legal or equitable title to those rights in the subje- which would entitle the applicant to conduct operations thereon.					CT 2 6 201		nathon Shepard	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any pu States any false, fictitious or fraudulent statements or representations as to any matter w				rson knowingly and ithin its jurisdiction	d willfully to ma	ke to any department or		
(Instructions on pa	^{age 2)} ** BLM REV	ISED ** BLM REVISE	D ** BLM RI	EVISED CABLE		BLM REVISE	D **	

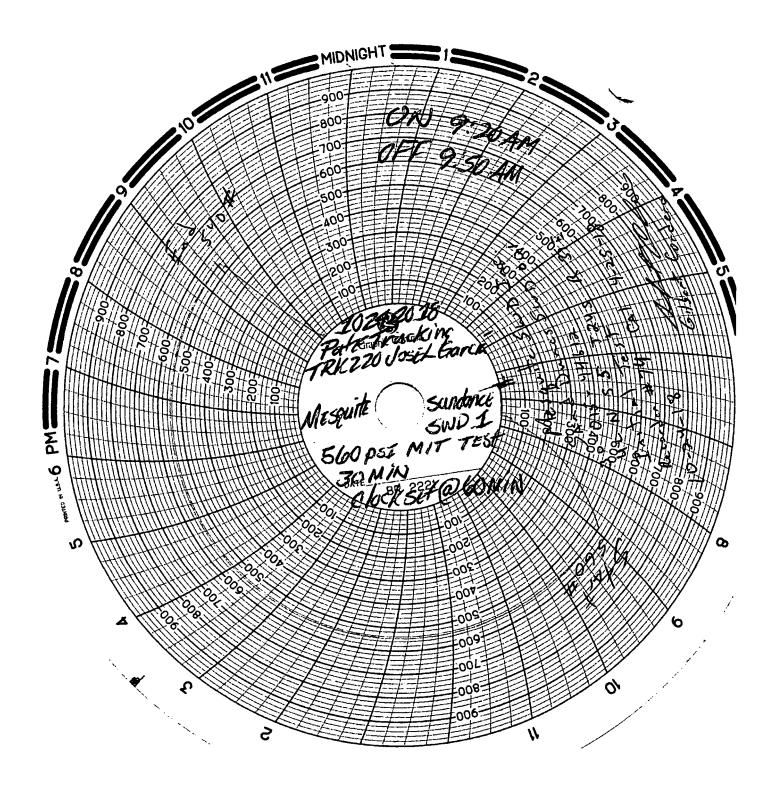
Revisions to Operator-Submitted EC Data for Sundry Notice #441124

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	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	OTHER SR	MIT SR
Lease:	NMNM104730	NMNM104730
Agreement:		
Operator:	MESQUITE SWD INC PO BOX 1479	MESQUITE SWD INCORPORATED
	CARLSBAD, NM 88221 Ph: 575-914-1461	CARLSBAD, NM 88220 Ph: 575.885.3996
Admin Contact:	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com
	Ph: 575-914-1461	Ph: 575-914-1461
Tech Contact:	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com	MELANIE WILSON REGULATORY ANALYST E-Mail: mjp1692@gmail.com
	Ph: 575-914-1461	Ph: 575-914-1461
Location: State: County:	NM EDDY	NM EDDY
Field/Pool:	SWD; DEVONIAN	SWD-DEVONIAN
Well/Facility:	SAND DUNES SWD 1 Sec 5 T24S R31E Mer NMP SESW 260FSL 2053FWL	SAND DUNES SWD 1 Sec 5 T24S R31E SESW 260FSL 2053FWL 32.239822 N Lat, 103.801743 W Lon



Susana Martinez Governor

Ken McQueen Cabinet Secretary

Matthias Sayer Deputy Cabinet Secretary Heather Riley, Division Director Oil Conservation Division



Date: 10 - 24 - 18

API# 30-015-44612

A Mechanical Integrity Test (M.I.T.) was performed on, Well <u>SAAL Dures</u> SWD 001

_____M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

_____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the noncompliance be closed.

M.I.T.Is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact **Rusty Klein** at **575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext. 114.

Thank You,

Gilbert Cordero, Staff Manager EMNRD-O.C.D. District II – Artesia, NM

> 1220 South St. Francis Drive - Santa Fe, New Mexico 87505 Phone (505) 476-3460 - Fax (505) 476-3462 - www.emnrd.state.nm.us/ocd