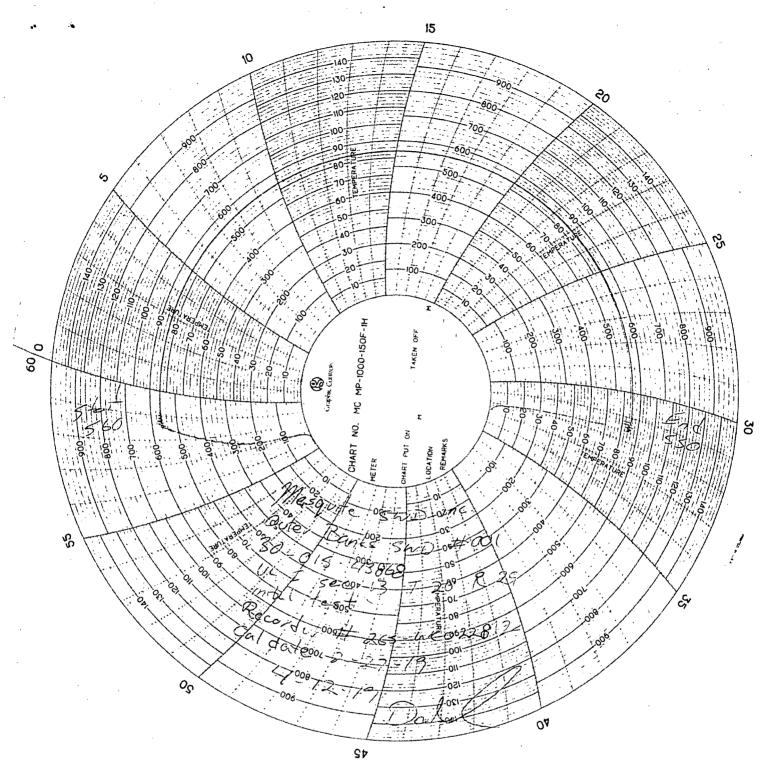
	UNITED STATES PARTMENT OF THE IN	ITERIOR	Expires:	1 APPROVED NO. 1004-0137 January 31, 2018	
SUNDRY	JREAU OF LAND MANAG	RTS ON WELLS Dad	5. Lease Serial No. MMNM110350		
Do not use thi abandoned wel	s form for proposals to I. Use form 3160-3 (APL	drill or to re-enter an ) for such proposals.	A RESTR		
SUBMIT IN TRIPLICATE - Other instructions on page 2			7. If Unit or CA/Agr	<ul> <li>8. Well Name and No.</li> <li>OUTER BANKS SWD 1</li> </ul>	
1. Type of Well					
Oil Well Gas Well Oth  Name of Operator  Name of Operator	Contact:	MELANIE WILSON	9. API Well No. 30-015-43868-		
MESQUITE SWD INCORPOR 3a. Address	ATED E-Mail: mjp1692@9	3b. Phone No. (include area code)	10. Field and Pool of	r Exploratory Area	
CARLSBAD, NM 88220		Ph: 575-914-1461	SWD-DEVON	IAN	
4. Location of Well (Footage, Sec., T.	, R., M., or Survey Description)		11. County or Parish		
Sec 13 T20S R29E NESE 199	00FSL 955FEL		EDDY COUNT	ΓΥ, ΝΜ	
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICATE NATURE O	F NOTICE, REPORT, OR OI	THER DATA	
TYPE OF SUBMISSION		TYPE OF	ACTION		
□ Notice of Intent		Deepen	Production (Start/Resume)	UWater Shut-Of	
Subsequent Report	☐ Alter Casing	Hydraulic Fracturing	Reclamation	Well Integrity Other	
☐ Final Abandonment Notice	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abandon	U Ottler	
	Convert to Injection	Plug Back	□ Water Disposal		
15. Describe proposal is to deepen directional Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fit 04/11/19 - Ran 5 1/2" 20# P11 annulus.	Illy or recomplete horizontally, k will be performed or provide operations. If the operation respondences in the operation of the pandomnent Notices must be file inal inspection.	the Bond No. on file with BLM/BIA sults in a multiple completion or recc ed only after all requirements, includ	red and true vertical depths of all per Required subsequent reports must l impletion in a new interval, a Form 3 ing reclamation, have been completed ser fluid in	tinent markers and zones. be filed within 30 days 160-4 must be filed once d and the operator has	
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## State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary

Todd E. Leahy, JD, PhD Deputy Secretary Adrienne Sandoval, Division Director Oil Conservation Division



5WD #001

Date: \_\_\_\_\_\_ API#\_\_\_\_\_\_30.015.43868

A Mechanical Integrity Test (M.I.T.) was performed on, Well

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 non***compliance 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 me 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.103

Thank You,

Dan Smolik, Compliance Officer 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