Form 3160-5 (June 2015)

DEPARTMENT OF THE DAMES BARD FIELD OFFICE

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2013

BUREAU OF LAND MANAGEMENT AND RELIES AND REPORTS ON WELLS AND CONTROL OF LAND 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. NMNM114979	5. Lease Serial No.	
SUBMIT IN TRIPLICATE - Other instructions on page 2			7. If Unit or CA/Agre	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Oil Well ☐ Gas Well ☑ Other: INJECTION One of Well ☐ Gas Well ☑ Other: INJECTION			MESA VERDE S	8. Well Name and No. MESA VERDE SWD 3	
Name of Operator Contact: MELANIE WILSON MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com			9. API Well No. 30-015-44676-0	30-015-44676-00-S1	
3a. Address CARLSBAD, NM 88220		3b. Phone No. (include area code) Ph: 575-914-1461		10. Field and Pool or Exploratory Area SWD-DEVONIAN	
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)	11. County or Parish, State		
Sec 13 T24S R31E SESW 10 32.212948 N Lat, 103.731544	30FSL 2635FWL		EDDY COUNT	EDDY COUNTY, NM	
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICATE NATURE OF	F NOTICE, REPORT, OR OTI	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize	Deepen	☐ Production (Start/Resume)	■ Water Shut-Off	
_	Alter Casing	☐ Hydraulic Fracturing	☐ Reclamation	■ Well Integrity	
Subsequent Report	☐ Casing Repair	■ New Construction	☐ Recomplete	Other	
☐ Final Abandonment Notice	Change Plans	Plug and Abandon	□ Temporarily Abandon		
	☐ Convert to Injection	Plug Back	■ 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 recomplete 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 recompletion 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. 06/05/19 - Ran MIT Test. Pressure test to 540 psi for 34 minutes. Start 540 psi, end 545 psi. MIT chart attached.					
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			JUL 2 5		
			DISTRICTI/ARTE	ESIAO.C.D.	
Part No.					
14. I hereby certify that the foregoing is true and correct. Electronic Submission #469433 verified by the BLM Well Information System For MESQUITE SWD INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2489SE)					
Name (Printed/Typed) MELANIE WILSON		* *	ATORY ANALYST		
Signature (Electronic S	Submission)	Date 06/17/20	019		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					

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.

Office

Title Accepted for Record

Jonathon Shepard Carlsbad Field Office

JUNDate 8 2019

Approved By __Accepted for record _NMOCD _ DS

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.

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Mesa Verde SUD#3

Lad-545#15 2:34PM

Lad-545#15 2:34PM

Celibrated by Atchaecolaya 2-27-19

Celibrated by Atchaecolaya 2-27-19

Start-540#5 2:34PM

Lad-92-19

District 2-Artesia Field Office 811 S. 1st Street Artesia, NM 88210 (Office) 575-748-1283 (Fax) 575-748-9720 Submit 1 Copy

Date:

Witness:

State of New Mexico EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT Operator Name API Number Mesquite SWD, Inc. Property Name Well No. 7. Surface Location UL -Range N/S Line E/W Line Section Township Feet from Feet From County Lot 315 1030 2635 N Well Status INJECTOR TA'D Well SHUT-IN **PRODUCER** NO. SWD YES NO OIL YES INJ GAS **OBSERVED DATA** (A) Surf-Interm. (B) Interm. (1) (C) Interm. (2) (D) Prod Casing (E) Tubing Pressure Flow Characteristics CO2_ Y / N Puff Y/ N Y/ N Y/ N WTR___ Steady Flow Y / N Y / N Y / N Y / N GAS_ Y/ N Y / N. Y / N Y / N Surges If applicable type Down to nothing Y / N Y/ N Y / N Y/ N fluid injected for Y/ N Y / N Y / N Y/ N Gas or Oil Waterflood Water Y/NY/NY/NY/N If Braden head flowed water, check all the descriptions that apply: SALTY CLEAR FRESH SULFUR BLACK Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies. Signature: OIL CONSERVATION DIVISION Recorded online: Print name Re-test: Title: E-mail Address: Phone #: