

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 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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>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

<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 checked="" 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 <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. WOC 18 hrs. Test csg to 1500# for 30 minutes, held good.
- 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. WOC 18 hrs. Test csg to 1500# for 30 minutes, held good.
- 10/26/16 - Drill 12 1/4" hole 10209'. Set 9 5/8" 47# L-80 BTC csg @ 10204'. Cmt w/2400 sx Class C. Circ. WOC 18 hrs. Test csg to 1500# for 30 minutes, held good.
- 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. WOC 18 hrs. Test csg to 1500# for 30 minutes, held good.
- 11/18/16 - Drill 6 1/2" hole to 16036'.
- 11/21/16 - RDMO drlg rig.

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

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

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff mg. DATE 5-24-17  
Conditions of Approval (if any):