

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. 30-015-44054
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 CEDAR CANYON SWD
8. Well Number 1
9. OGRID Number 161968
10. Pool name or Wildcat [96101] SWD; DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2929' GR

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 **P** ; **1310** feet from the **SOUTH** line and **1153** feet from the **EAST** line
 Section **8** Township **24S** Range **29E** NMPM **EDDY** County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 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: MIT TEST <input checked="" 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.

06/04/2019 – Pressure test casing to 555 psi for 32 minutes. No pressure loss. Start 555 psi, end 560 psi.

RECEIVED

JUN 18 2019

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE Melanie J. Wilson TITLE **Regulatory Analyst** DATE **06/17/2019**

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

For State Use Only

APPROVED BY: **Accepted for record - NMOCD DS** TITLE _____ DATE **6-19-19**

Conditions of Approval (if any):