

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
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.
NMNM29826
6. If Indian, Allottee or Tribe Name**SUBMIT IN TRIPLICATE - Other instructions on page 2**

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.
WALTERS FEDERAL 12. Name of Operator
ENFIELD ROBERT NContact: MELANIE WILSON
E-Mail: mjp1692@gmail.com9. API Well No.
30-015-25819-00-S13a. Address
P O BOX 2431
SANTA FE, NM 87504-24313b. Phone No. (include area code)
Ph: 575-914-146110. Field and Pool or Exploratory Area
UNDESIGNATED

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 7 T19S R27E SENE 1980FNL 990FEL

11. County or Parish, State
EDDY COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input checked="" type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> 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 recompletable 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 recompletable 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.

06/04/19 - Ran MIT Test. Pressure test to 540 psi for 31 minutes. Start 540 psi, end 580 psi.

MIT chart attached.

RECEIVED

JUL 23 2019

DISTRICT/ARTESIA/O.G.D.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #469446 verified by the BLM Well Information System
For ENFIELD ROBERT N, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2498SE)

Name (Printed/Typed) MELANIE WILSON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 06/17/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Accepted for record - NMOCD DS

Title Accepted for Record

JUN 18 2019

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.

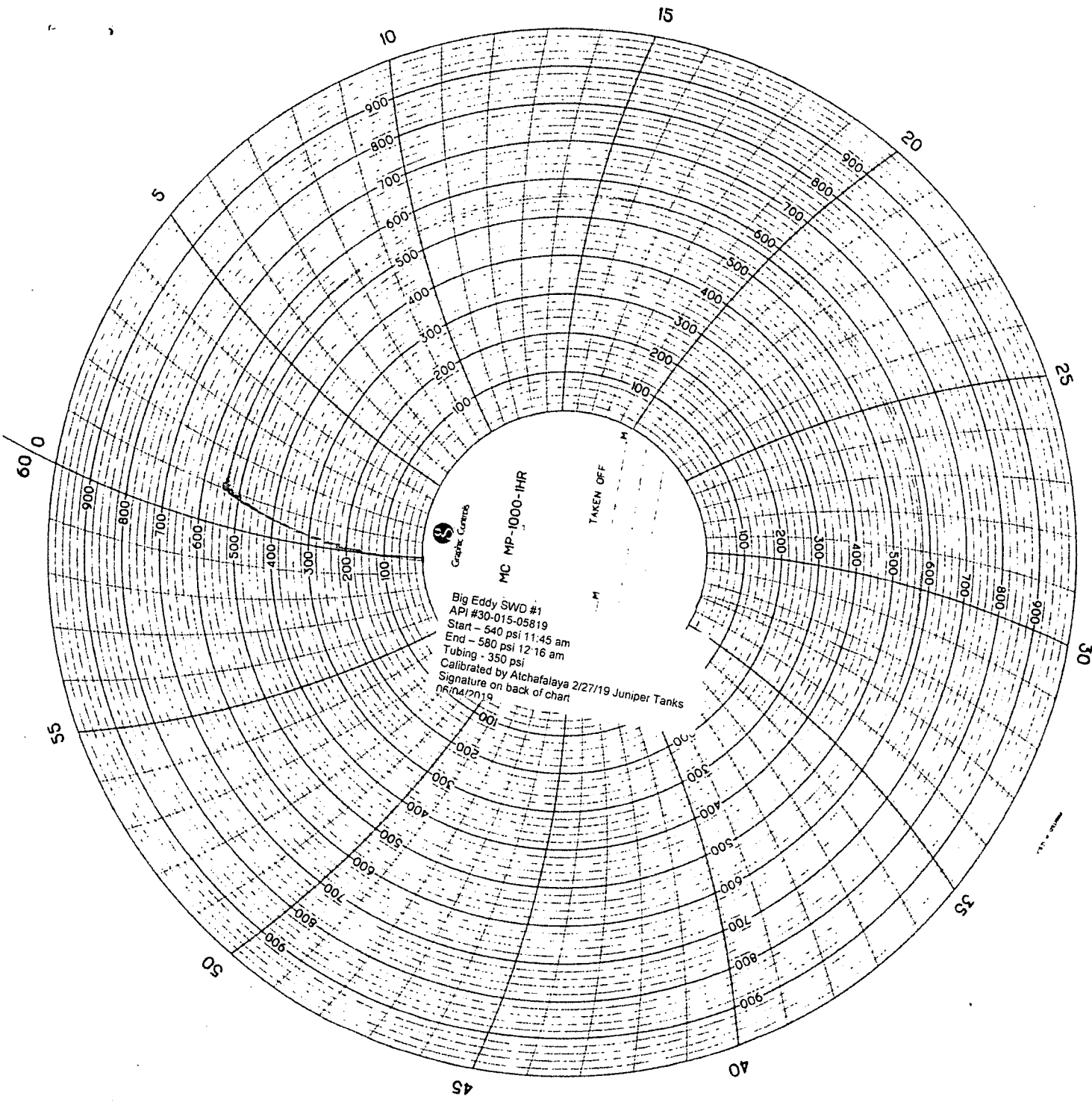
Jonathon Shepard
Carlsbad Field Office

Office

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.

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **



Big Eddy SWD #1
API 30-015-05819

Start - 540 #s 11:45 AM
End - 580 #s 12:16 PM

T63 - 350 #s

Calibrated by Attahafalaya 2-27-19
Jumper tanks

6/14/19
Kusty Parker

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

State of New Mexico
EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT

| | |
|-------------------------------------|------------------------------|
| Operator Name Mesquite SWD, Inc. | 30 API Number 30-015-0589 |
| Property Name Big Eddy SWD | Well No. 1 |

| 7. Surface Location | | | | | | | | |
|---------------------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
| P | 3 | 20S | 31E | 660 | S | 660 | E | Eddy |

| Well Status | | | | | DATE |
|---|---|--|---|--|----------|
| TA'D Well | SHUT-IN | INJECTOR | PRODUCER | | |
| YES <input type="radio"/> NO <input checked="" type="radio"/> | YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ <input type="radio"/> SWD <input checked="" type="radio"/> | OIL <input type="radio"/> GAS <input type="radio"/> | | 6/4/2019 |


OBSERVED DATA

| | (A) Surf-Interm. | (B) Interm. (1) | (C) Interm. (2) | (D) Prod Casing | (E) Tubing |
|----------------------|------------------|-----------------|-----------------|-----------------|--------------------|
| Pressure | | | | | |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 _____ |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR _____ |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS _____ |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | If applicable type |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | fluid injected for |
| Water | Y / N | Y / N | Y / N | Y / N | Waterflood |

If Braden head flowed water, check all the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | 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 |
| Print name: Rusty Parker | Recorded online: |
| Title: | Re-test: |
| E-mail Address: | Phone #: |
| Date: | Witness: |