Submit 3 Copies To Appropriate District State of New Me Office	I OIM C 105
District I 1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.
811 South First, Artesia, NM 88210 OIL CONSERVATION	DIVISION 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	ICIS DT. STATE DEE
District IV Santa Fe, NM 8	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	LG 958
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	DR SUCH
1. Type of Well:	8. Well No. 1
Oil Well Gas Well Supervision 2. Name of Operator 9. OGRID Number 161968	
Mesquite SWD, Inc.	9. OGRID Number 161968
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 1479 Carlsbad, NM 88220	San Andres
4. Well Location	
Unit Letter D : 330 feet from the North	
Unit Letter <u>D</u> : <u>330</u> feet from the <u>North</u>	line and 330 feet from the West line
Section 14 Township 15S Range 33E NMPM County Lea	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate N	ature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK 🗍 PLUG AND ABANDON 🗖	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	
PULL OR ALTER CASING MULTIPLE	CASING TEST AND
OTHER:	OTHER:
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 1-18-05 	
 (1). Hole in tubing or packer leak. (2.) TOH found hole in packer, replaced packer. (3). RIH with new 8 5/8 lock set, plastic coated. Tested tubing in the hole to 3000lbs. (4). Pumped 260 BBL of 2% KCL and packer fluid. (5). Set packer – Shut down for day. 1-19-05 Ran chart, held for 33 minutes. RD- pulling unit. 	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE CAPITURSON	<u>DATE_1-24-05</u>
Type or print name Clay L. Wilson	Telephone No. 505-885-3996
(This space for State use)	
APPPROVED BY Haufer TITLE TITLE TITLE DATE FEB 2 5 2005	
OC FIELD REPRESERT	

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