| | • • • • • • • • • • • • • • • • • • • | utemperintikas olisi almandentikeniaseen eksiga antaa olee oo oo o | | ! |
|---|---|--|-------------------------------|-----------------------|
| | 04-4- '- £ NT N | Aevico | | Form C-103 |
| Submit 1 Copy To Appropriate District | trict State of New Mexico Energy, Minerals and Natural Resources | | October 13, 2009 | |
| 125 N. French Dr., Hobbs, NM 88240 125 N. French Dr., Hobbs, NM 88240 135 I JOBBS OCD OIL CONSERVATION DIVISION | | | WELL API NO. 30-025-07713 | |
| | | | 5. Indicate Type of Lease | |
| 11 S. First St., Artesia, NM 88210 District III - (505) 334-6178 | - (505) 334-6178 1220 South St. Francis Dr. | | STATE 🗏 I | EE 🕱 |
| 00 Rio Brazos Rd., Aztec, N4 814 9 2011 Santa Fe, NM 87505 strict 1V – (505) 476-3460 | | 6. State Oil & Gas Lease | No. | |
| 220 S St. Francis Dr , Santa Fe, NM | | | | areament Name |
| ST505 SUNDRY WEAK | CES AND REPORTS ON WEL | LS PLUG BACK TO A | 7. Lease Name or Unit A | greement Name |
| SUNDRY NOT DO NOT USE THIS FORM FOR PROPOS. DIFFERENT RESERVOIR USE "APPLIC. | ALS TO DRILL OR TO DEEPEN OR ATION FOR PERMIT" (FORM C-101 |) FOR SUCH | A.N. ETZ | |
| ROPOSALS.) Type of Well: Oil Well 🔲 Gas Well 🕅 Other SW.D | | | 8. Well Number 1 | |
| Name of Operator Mesquite SWD Inc. | | | 9. OGRID Number 161968 | |
| | | | 10. Pool name or Wildc | at |
| Address of Operator O. Box 1479 Carlsbad NM 88221 | | | SWD, San Andress | |
| 4. Well Location | | South | ine and660 | feet from the |
| | 660feet from the | South | | |
| Eastline | Township 19S | Range 38E | NMPM | County Lea |
| Section 26 | 11. Elevation (Show whether | | c.) | |
| | 3588 Gr | | | |
| | | | Bonort 'or Other Data | |
| 12. Check A | Appropriate Box to Indicat | e Nature of Notice | , Report of Outer Data | |
| NOTICE OF IN | TENTION TO: | SU | BSEQUENT REPOR | |
| PERFORM REMEDIAL WORK | | REMEDIAL WO | RILLING OPNS. 🗍 PAN | |
| TEMPORARILY ABANDON | | | | |
| | MULTIPLE COMPL | GAGING/OLINE | | |
| | _ | | | · · [] |
| OTHER: | bleted operations. (Clearly state | OTHER: | and give pertinent dates, inc | luding estimated date |
| 13. Describe proposed or composed w | ork). SEE RULE 19.15.7.14 N | MAC. For Multiple (| Completions: Attach wellbo | re diagram of |
| proposed completion or rec | completion. | | | |
| | | | | |
| 6/13/2011 Pressure on the backside 6/14/2011 Notify OCD Hobbs offic | e Slivia Dickey. Rigged up Fal | con services. TOH tul | oing ate up. PU new string o | f 3 ½ Salta PVC lined |
| pipe. RIH pump 320 of packer fluid 6/15/2011 Called Slivia to tell her v | l set packer at 4035ft. | cave approval over th | e phone Pressured up back | side to 500# for 3 |
| 6/15/2011 Called Slivia to tell her v minutes held chart attached . RD pu | ve were ready to fill chaft sile | roduction. | | - |
| minutes neid chait attached. RD pe | <u>111115</u> | | nen | |
| | | | UEN | |
| | | | & Catter | in wellfile |
| | | | see eller | |
| Crued Data: | Rig Rele | ase Date: | FIG | -18-2011 |
| Spud Date: | | | | ier cuil |
| | | | lades and halisf | |
| I hereby certify that the informatic | on above is true and complete to | the best of my know | ledge and bellet. | |
| Il set | a. Ria | 1111/10 | ₽∕ | |
| SIGNATURE WHEN | M. CLAI | 1 LUINO | NM, Com | |
| TITLE | E-mail address: CLAU | USOND F | HONE: 575 70 | 6-1840 |
| PRESDENT | E-mail address: Chi yLLO | <u>10100</u> | | , * } |
| For State Use On APPROVED | 1 · · · · | | | · . · |
| BY: | | | DATE | |
| Conditions of Approval (if any): | | | | 1111 1 8 2011 |
| | | | | 1111 1 8 2011 |



Charles States and the second s DRI COMPANY REP (1/04/1/2) WELL # COMPANY REP (1/04/1/2) CSG PRE 500 15 HOURS 5 SIGNATURE 444 FAXED 6-15-2001 - 5, 12 ر قري . Not