HOBBS OCU				
Form 3160-5 (April 2004) Q 2011 DEPARTMENT OF BUREAU OF LAND	TATES F THE INTERIOR MANAGEMENT	OCD Hobbs	FORM AF OM B No Expires.  5. Lease Serial No.	
SOUTH 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.			6. If Indian, Allottee or Tribe Name  NA	
SUBMIT IN TRIPLICATE- Othe	r instructions on reve	rse side.		ement, Name and/or No.
I. Type of Well Oil Well □ □ Gas Well □ □ ✓ Other SWD ✓			8. Well Name and No. Paduca Federal #1	
2. Name of Operator Mesquite SWD, Inc.			9. API Well No.	<del></del>
3a. Address       3b Phone No (include area code)         P.O.Box 1479, Carlsbad, NM 88221       575-706-1840			30-025-27616 10. Field and Pool, or I	Exploratory Area
4 Location of Well (Footage, Sec., T., R, M., or Survey Desc. 1980' FNL & 660' FEL Sec. 22, T25S-R32E	ription)		Swp B 11 County or Parish, Lea County, NM	el Canyon -Ch State / Cany
12. CHECK APPROPRIATE BOX(	ES) TO INDICATE NATU	RE OF NOTICE,	REPORT, OR OTHER	<del></del>
TYPE OF SUBMISSION TYPE OF ACTION				
	Deepen Fracture Treat New Construction Plug and Abandon	Production (in Reclamation Recomplete Temporarily	Well Othe	er Shut-Off I Integrity er
Final Abandonment Notice Convert to Inject	ion Plug Back	Water Dispos	al	
Attach the Bond under which the work will be performed following completion of the involved operations. If the contesting has been completed. Final Abandonment Notices determined that the site is ready for final inspection.)  Run 7" 23# J-55 new (or API white band) STC 04,780' inside 9-5/8" 47# csg, Cmt w/650 sx C-Nex	operation results in a multiple com s shall be filed only after all requir Collapse Design Factor: 1.12	pletion or recompletion ements, including recla 5, Burst Design Fact	n in a new interval, a Form 3 amation, have been complete tor: 1.125, Tension Desig	3160-4 shall be filed once ed, and the operator has n Factor: 1.125. Set 0 -
Contact the BLM :F ce		irculate.	APPROVI AUG 5 20 Is/ Chris W BUREAU OF LAND MAN CARLSBAD FIELD	/alls
<ol> <li>I hereby certify that the foregoing is true and corre Name (Printed/Typed)</li> </ol>	ct			
Clay L. Wilson	Title	President		
Signature Wy W	Date	·	08/02/2011	
THIS SPACE	FOR FEDERAL OR	STATE OFFIC	E USE	
Approved by  Conditions of approval, if any, are attached Approval of the certify that the applicant holds legal or equitable title to those which would entitle the applicant to conduct operations there	se rights in the subject lease reon	Office	LN.	AUG 1:1 2011
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, States any false, fictitious or fraudulent statements or repres	make it a crime for any person entations as to any matter within	knowingly and willfu its jurisdiction	ily to make to any departme	ent or agency of the United
(1.1011 notions on page 2)				/