Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103		
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011		
1625 N. French Dr., Hobbs, NM 88240 District II = (575) 748-1283	OCD	WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-07713  5. Indicate Type of Lease		
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874101 District IV – (505) 476-3460	1 2011 1220 South St. Francis Dr.	STATE   FEE		
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
1220 S. St Francis Dr., Santa Fe, NM 87505	reA			
	TCES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	The Board Frame of Sine Agreement Frame		
DIFFERENT RESERVOIR. USE "APPL" PROPOSALS.)	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
1. Type of Well: Oil Well				
2. Name of Operator	9. OGRID Number 161968			
Mesquite SWD Inc.		·		
3. Address of Operator P.O. Box 1479 Carlsbad NM 882	221	10. Pool name or Wildcat		
	221	SWD, San Andres		
4. Well Location				
Unit LetterP	:660feet from the _South1	ine and660feet from the '		
_Eastline		-2-		
Section 26	Township 19S Range 98E			
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	.)		
	3588 gr			
12 (11	A	D O.1 D .		
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data		
NOTICE OF IN	NTENTION TO: SUE	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON		ILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	IT JOB		
DOWNHOLE COMMINGLE				
OTHER:		_		
	OTHER:  oleted operations. (Clearly state all pertinent details, an	ad give portinent dates including estimated date		
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	a give pertinent dates, including estimated date		
proposed completion or re-	completion.	implements. Fittaen wendere diagram of		
,	•			
LW .				
13/2011 Presure on back side shu	it well in.Plan on pulling well.			
Spud Date:	Rig Release Date:			
I hereby certify that the information	above is true and complete to the best of my knowledge	ge and belief.		
21		,		
SIGNATURE #/2 ////	has the	-1//		
SIGNATURE //A////		DATE 7/22/1/		
Type or print name LAUL	TITLE President	DATE_4/00///		
. The or bring name _ Collett				
For State Use Only.	E-mail address:	PHONE: 575-706-1842		
For State Use Only		PHONE: 575-706-1840		
APPROVED BY:  Conditions of Approval (if any):				

## INJECTION WELL DATA SHEET

OPERATOR _ M	PESQUITE SWO INC	<u>ر</u>				
WELL NAME & NUN	IBER A. N. ETZ No. 1					
WITT FOCATION.	660' FEL & 660' FSL FOOTAGE LOCATION	E Unit i	LETTER	26 SECTION	195 TOWNSHIP	38E RANG
WELLBORE SCHEMATIC 1 1- 31z tubing					<u>DNSTRUCTION</u> D47 te Casing	4
		Ø.	Hole Size 17 1.	/2"	Casing Size <u>1</u>	3 3/8"
13 3/8"		·			or32	
			Top of Cement 5:	34	Method Determin	ed Pump
			<u>Intermediate Ca</u>			
		- يې	Hole Size 12 1,	/4"	Casing Size	9 <u>5</u> /8"
		```\`.'	Cemented with.	1.700	v or401	§8 II
			Top of Cement	1080	Method Determin	ed Pump
				l'roduct	ion Casing	
9 5/8" @ 4068'	- PACKER,		Hole Size <u>N/A</u>		Casing Size	-
	4035		Cemented with	c	S. or	
	OPENHOLE		Top of Cement		_ Method Determin	rec _
	UI EN HOLE		Total Depth		<del></del>	
			4087'	<u>injectis</u>	on interval	ent with
	- 4800'				Hole indicate which	PER SCHOOL



## **API Well Number Banner**

## **Report Description**

This report shows a Well's API Number in Barcode format for purposes of scanning. The Barcode format is Code 39.



## 30025077130000

30 25 7713

A N ETZ No.001

MESQUITE SWD, INC

Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103			
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011			
1625 N. French Dr., Hobbs, NM 88240	_	WELL API NO. 30-025-07713			
811 S. First St., Artesia, NM 8821 (16)	SOCIO IL CONSERVATION DIVISION	5. Indicate Type of Lease			
<u>District III</u> (303) 331 0170	1220 South St. Francis Dr.	STATE FEE \(\overline{\pi}\)			
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM <b>1</b> 87505	1 2011 Santa Fe, NM 87505	6. State Oil & Gas Lease No.			
	CESTED D REPORTS ON WELLS	7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPERTY	SAT'S TO DRILL OR TO DEEPEN OR PLUG BACK TO A				
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	A.N. ETZ			
1. Type of Well: Oil Well	Gas Well Q Other 500	8. Well Number 1			
2. Name of Operator		9. OGRID Number 161968			
Mesquite SWD Inc.		·			
3. Address of Operator P.O. Box 1479 Carlsbad NM 8822	21	10. Pool name or Wildcat SWD, San Andres			
	51	SWD, San Andres			
4. Well Location Unit Letter P	: 660 feet from the South li	ne and 660 feet from the			
East line	oooreet from the _south in	ne andoooeet nom the			
Section 26	Township 19S Range 98E 3	SE NMPM County Lea			
Section 20	11. Elevation (Show whether DR, RKB, RT, GR, etc.				
1666 - 18 · · · · · · · · · · · · · · · · · ·	3588 gr				
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data			
		•			
NOTICE OF IN	•	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON  REMEDIAL WOR CHANGE PLANS COMMENCE DR	<del>_</del>			
TEMPORARILY ABANDON DULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN				
DOWNHOLE COMMINGLE					
_	_				
OTHER:	OTHER:	d -in- markin and datas in India - and marked data			
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.					
	•				
	livia Dickey. Rigged up Falcon services. TOH tubing l	bad layed down, picked up 4035ft new string 3			
½ Salta lined tubing, pump 320 bbls of packer fluid set packer 4035ft.					
7/19/2011 Ran chart starting pressure 420psi final 405psi. Injecting into the San Andres from 4087 ft to 4800ft swd order number 792-0					
	•				
Spud Date:	Rig Release Date:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE / Self	West TITLE Mendent	DATE 7/22/11			
Type or print name Chay LW LOW E-mail address: PHONE: 575-706-184					
For State Use Only					
APPROVED BY: Walk	Acer DATE AUG 1 2 2011				
APPROVED BY: Wall Without TITLE Compliance Officer DATE AUG 12 2011 Conditions of Approval (if any):					

