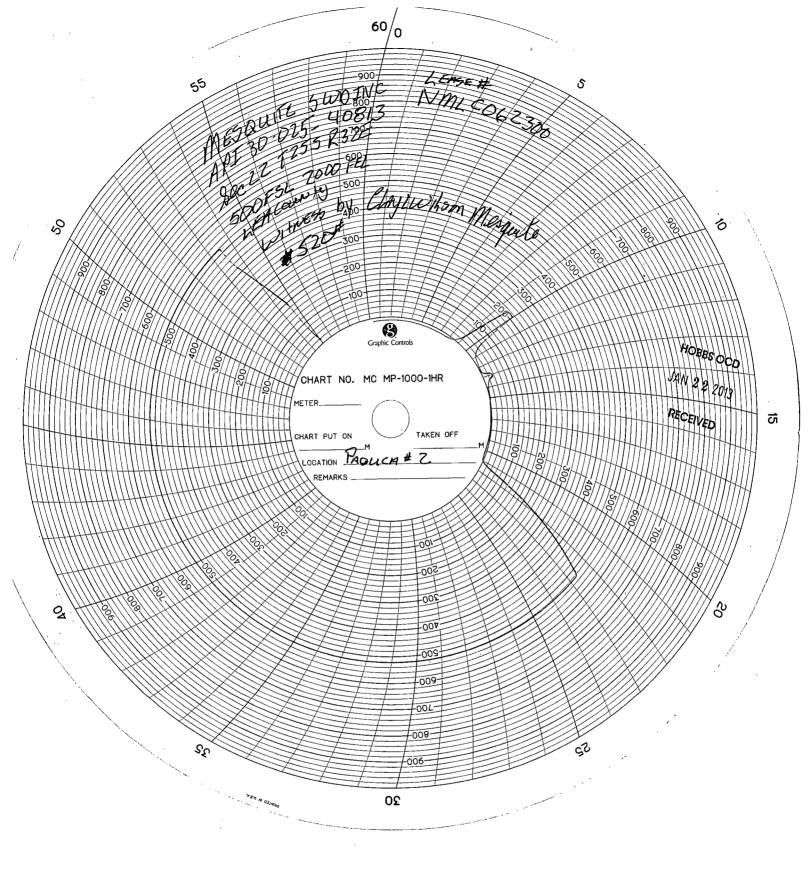
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-40813
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS OCOIL CONSERVATION DIVISION District III - (505) 324-6178		DIVISION	5. Indicate Type of Lease
<u>District III</u> = (303) 334-0178 1220 South St. Francis Dr.		ncis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460		7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			SWD-1324 LC 062300
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Paduca Federal SWD
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 002
2. Name of Operator		9. OGRID Number	
Mesquite SWD, Inc. 3. Address of Operator P/O Box 1479			161968 10. Pool name or Wildcat
3. Address of Operator P/O Box 1479 Carlsbad, NM 88221		SWD; Bell Canyon & Cherry Canyon	
4. Well Location			
Unit Letter O 500' feet from the S line and 2,000' feet from the E line			
Section 22 Township <u>25S</u> Range <u>32E</u> NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3404' GL 3416 KB			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			
TEMPORARILY ABANDON			
		CASING/CEMENT	
DOWNHOLE COMMINGLE			
OTUED.	- intention	OTHER	П
OTHER: MIT & Commence injection X OTHER: OTHER: 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.			
proposed completion of recompletion.			
1/18/2013 Conducted MIT 520#, Witnessed by Paul Flower, BLM.			
Commenced injection.			
		 -	
Spud Date:	Rig Release Da	ate:	
Space Sale.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE / SIGNATURE / DATE 1/19/2013			
SIGNATURE / / JUSON TITLE Operator DATE 1/19/2013			
Type or print name Clay L. Wilson E-mail address: claylwilson@hotmail.com PHONE: 575-706-1840			
For State Use Only			
ADDROVED BY			
APPROVED BY: DATE 1-12-2013 Conditions of Approval (if any):			
. 1	/ /		



Paul Flower BLM 1/18/13