

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-42258

5. Indicate Type of Lease
STATE FEE Fed X
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Paduca SWD

8. Well Number
3Y

9. OGRID Number
161918

10. Pool name or Wildcat
SWD Delaware Bell & Cherry Canyon

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.)

1. Type of Well: Oil Well Gas Well Other

HOBBS OCD

2. Name of Operator
Mesquite SWD, Inc.

JUN 12 2015

3. Address of Operator
P.O. Box 1479 Carlsbad, NM 88221-1479

4. Well Location

RECEIVED

Unit Letter C : 310 feet from the N line and 1780 feet from the W line
Section 23 Township 25S Range 32E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3441' KB

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
DOWNHOLE COMMINGLE

SUBSEQUENT REPORT OF:

REMEDIATION WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB

OTHER:

OTHER: Commence SWD

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.

Commenced SWD 3/30/2015 R-13735

Spud Date: 11/18/2014

Completion Date: 3/30/2015

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay Havenor TITLE Agent DATE 6/9/2015

Type or print name Kay Havenor E-mail address: _____ PHONE: 575-626-4518
For State Use Only

APPROVED BY: Bill Semanah TITLE Staff Manager DATE 6/12/15

Conditions of Approval (if any):

JUN 16 2015

h dm