

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 July 18, 2013

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

WELL API NO. <u>30-025-42717</u> ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <u>NM NM 110835</u>
7. Lease Name or Unit Agreement Name <u>Blue Quail SWD</u> ✓
8. Well Number <u>1</u> ✓
9. OGRID Number
10. Pool name or Wildcat <u>SWD, Delaware, Bell Canyon</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>34192 GL</u>

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 Injection well

2. Name of Operator
Mesquite SWD, INC ✓

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

4. Well Location
 Unit Letter E : 2100 feet from the N line and 1660 feet from the W line
 Section 11 Township 25S Range 32E NMPM County Lea ✓

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Initial MIT</u> <input checked="" type="checkbox"/>	

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.

10/15/15 - Performed Initial MIT Test. Tested For 32 minutes
Beginning psi - 535 # End psi - 510 # witnessed by Bill ~~Sundermaker~~ Sonnamaker.
Begin injection 5/15/15

HOBBS OCD

OCT 15 2015

RECEIVED

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 [Signature] TITLE Production Foreman DATE 10/15/15
 Type or print name Riley G Neutherlin E-mail address: rgneutherlin@gmail.com PHONE: 575-766-7288
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/16/15
 Conditions of Approval (if any):

OCT 20 2015