

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. 30-025-27616	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. SWD-1234 LC063200	
7. Lease Name or Unit Agreement Name PADUCA	<input checked="" type="checkbox"/>
8. Well Number 1	<input checked="" type="checkbox"/>
9. OGRID Number 161968	
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3409 GR	

**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 SWD

2. Name of Operator MESQUITE SWD, INC.

3. Address of Operator PO BOX 1479, CARLSBAD NM, 88221

4. Well Location  
 Unit Letter H: 1980 feet from the N line and 660 feet from the E line  
 Section 22 Township 25S Range 32E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3409 GR

**HOBBS OGD**  
**APR 1 2016**  
**RECEIVED**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <input 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.

3/19/16- MOVED IN PULLING UNIT, R/U  
 3/21/16- KILLED WELL WITH BRINE, NIPPLED UP BOP, TOH WITH PRODUCTION TUBING, RIH W/WORK STRING, BIT AND SCRAPER, CLEAN OUT TO TD, LD WORK STRING  
 3/22/16- TIH W/ PRODUCTION STRING AND PACKER, SET PACKER @ 4700', CIRCULATED PACKER FLUID, FLANGED UP WELL HEAD, RELEASED RIG.  
 3/29/16- NOTIFIED OCD OF MIT, SPOKE WITH BILL SONNAMAKER, INITAIL PSI 710#'S FINAL PSI 710#'S HELD FOR 35 MINUTES, NO WITNESS, SEE ATTACHEMENT FOR CHART CALIBRATION

Spud Date: 3/19/16 Rig Release Date: 3/22/16

*OK sand*

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

SIGNATURE *Riley G Neatherlin* TITLE *Production Foreman* DATE *3/29/16*

Type or print name: RILEY G NEATHERLIN E-mail address: RGNEATHERLIN@GMAIL.COM PHONE: 575-706-7288  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

- 510
- 700
- 1000
- 200
- 0

Remarks:

HOBBS OCD

APR 1 2016

RECEIVED