

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM106915

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		8. Well Name and No. DEEP PURPLE SWD 1
2. Name of Operator MESQUITE SWD INCORPORATED		9. API Well No. 30-025-44106-00-S1
3a. Address CARLSBAD, NM 88221		10. Field and Pool or Exploratory Area Multiple--See Attached
3b. Phone No. (include area code) Ph: 575-914-1461		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T22S R32E SWSW 270FSL 380FWL 32.355930 N Lat, 103.721703 W Lon		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

01/30/2018 - Pressure test to 540 psi for 32 minutes. Held good. Test witnessed by George Bower, NMOCD.

01/31/2018 - Ready to begin injection.

02/18/2018 - Began injection.

**HOBBS OCD**  
**APR 16 2018**  
**RECEIVED**

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #411567 verified by the BLM Well Information System  
For MESQUITE SWD INCORPORATED, sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/16/2018 (18JAS0905SE)**

Name (Printed/Typed) MELANIE J WILSON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/13/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	(BLM Approver Not Specified)	Date 04/16/2018
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office Hobbs

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

*RBDMS-CHART-MB*



FRIDAY

THURSDAY

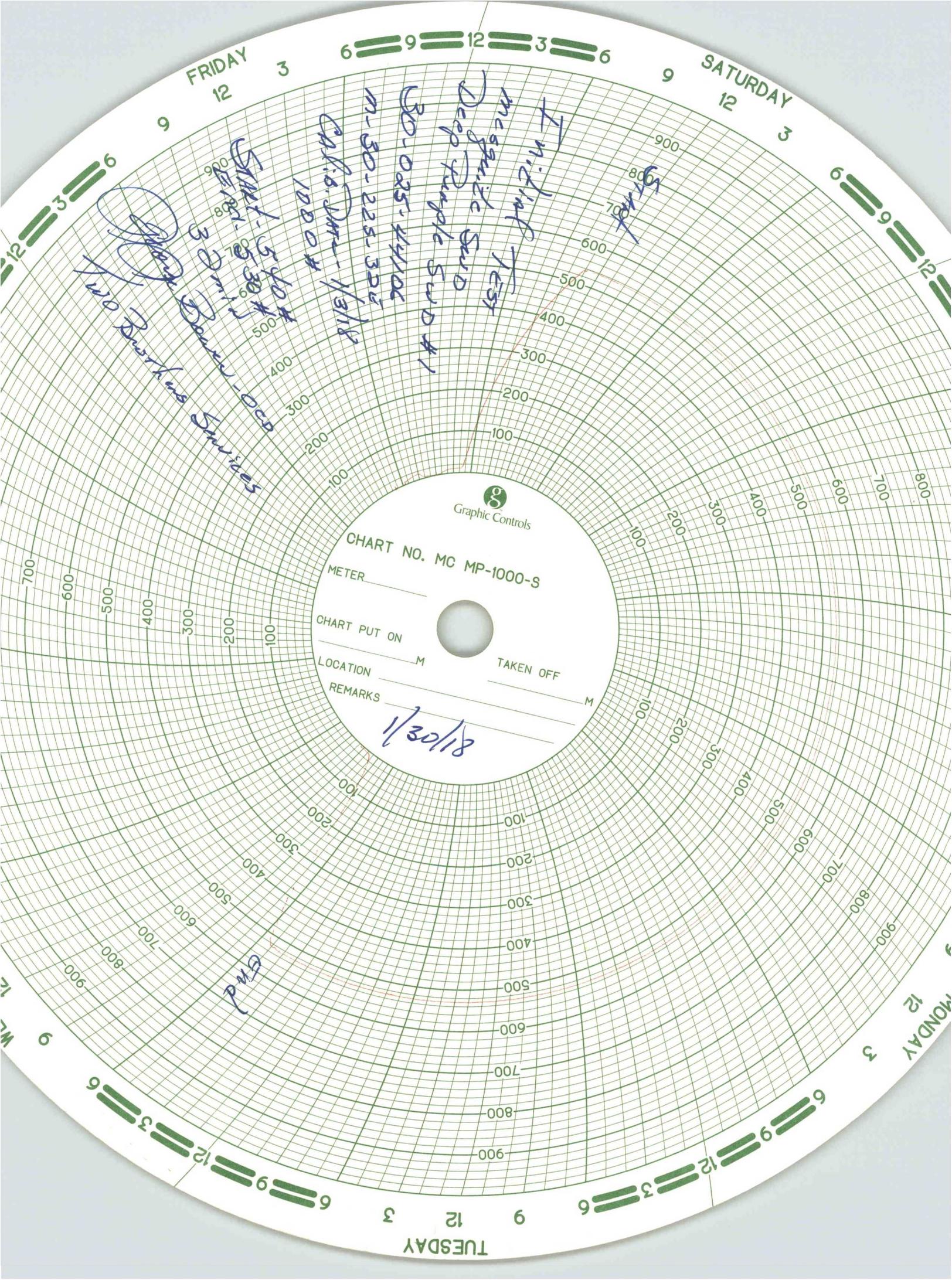
MONDAY

TUESDAY

Graphic Controls  
 CHART NO. MC MP-1000-S  
 METER \_\_\_\_\_  
 CHART PUT ON \_\_\_\_\_ M  
 LOCATION \_\_\_\_\_  
 REMARKS \_\_\_\_\_  
 11/30/8  
 TAKEN OFF \_\_\_\_\_ M

I n. fine  
 Deep Purple Test  
 m-50-035-4410  
 Call. 225-4410  
 1000# 1/31/8  
 Start - 540#  
 300#  
 Two Bunkies Services

END



FRIDAY  
12 3

SATURDAY  
12 3

MONDAY  
12 3

TUESDAY  
12 3

Graphic Controls

CHART NO. MC MP-1000-S  
METER \_\_\_\_\_

CHART PUT ON \_\_\_\_\_ M

TAKEN OFF \_\_\_\_\_ M

LOCATION \_\_\_\_\_

REMARKS \_\_\_\_\_

1/30/18

Iridium Test  
mossy side SWD  
Deep Purple SWD #1

30-025-4410C  
M-50-225-32C  
CALIB. SWD - 1/3/18  
1000#

SWD - 540#  
SWD - 530#  
3 Dm's  
3 Dm's  
3 Dm's  
3 Dm's

Handwritten signature

SWD

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>MESQUITE SWD</i>	API Number <i>30-025-44106</i>
Property Name <i>DEEP PURPLE SWD</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>M</i>	Section <i>30</i>	Township <i>22S</i>	Range <i>30E</i>	Feet from <i>270</i>	N/S Line <i>5</i>	Feet From <i>380</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>1/30/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	$\phi$	$\phi$	$\phi$	$\phi$
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	CO2 _____			
Steady Flow	Y/N <input checked="" type="checkbox"/>	WTR _____			
Surges	Y/N <input checked="" type="checkbox"/>	GAS _____			
Down to nothing	Y/N <input checked="" type="checkbox"/>	If applicable type			
Gas or Oil	Y/N <input checked="" type="checkbox"/>	fluid injected for			
Water	Y/N <input checked="" type="checkbox"/>	Waterflood			

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Initial TEST*

HOBBS OCD  
 APR 16 2018  
 RECEIVED

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>1/30/18</i>	Phone:
Witness: <i>[Signature]</i>	