

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELL**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.Case Serial No.
118722**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		7. If Unit or CA/Agreement, Name and/or No.
2. Name of Operator MESQUITE SWD INCORPORATED		8. Well Name and No. SALADO DRAW SWD 13 1
3a. Address CARLSBAD, NM 88221		9. API Well No. 30-025-42354-00-S1
3b. Phone No. (include area code) Ph: 575-914-1461		10. Field and Pool or Exploratory Area DEVONIAN SWD
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T26S R32E SWSW 290FSL 10FWL 32.036301 N Lat, 103.636505 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 checked="" 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 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 recompleat 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 recompleat 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.

03/15/19 - Ran MIT Test. Pressure test for 32 minutes. Start 565 psi, end 560 psi.
Shut well in.
Chart attached.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #461335 verified by the BLM Well Information System For MESQUITE SWD INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 04/15/2019 (19PP1553SE)	
Name (Printed/Typed) MELANIE WILSON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/12/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

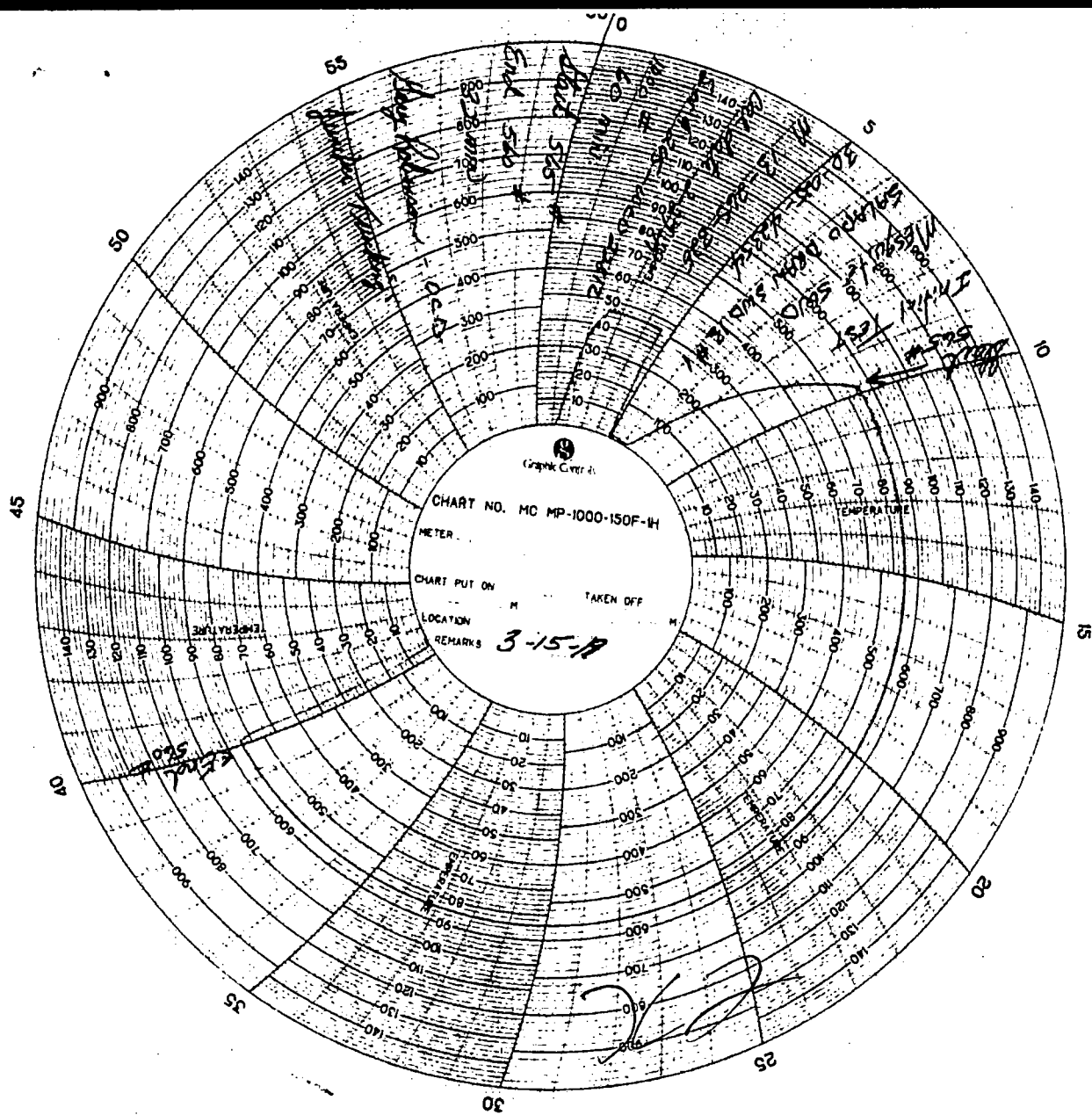
Approved By _____	Title Accepted for Record APR 23 2019
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office Jonathon Shepard Carlsbad Field Office

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 **

XZ NM OGD 5-21-19



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

BRADENHEAD TEST REPORT

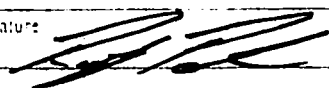
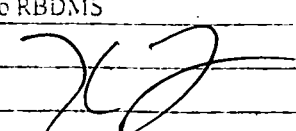
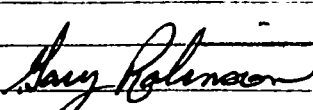
Operator Name MESQUITE SWD						API Number 30-025-42354			
Property Name SALADO DRAW SWD 13						Well No. #1			
Surface Location									
UL - Lot M	Section 13	Township 26S	Range 32E		Feet from 290	N/S Line S	Feet from 10	E/W Line W	County LEA
Well Status									
TAP WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INJECTOR <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD		PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS		DATE 3-15-19	

OBSERVED DATA

	(A) Surface	(B) Intern#1	(C) Intern#2	(D) Prod Casing	(E) Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 —
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS —
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid logged for viscosity etc.
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

Initial Test
OPERATOR COPY

Signature: 		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test: 	
E-mail Address:			
Date:	Phone:		
Witness: 			

INSTRUCTIONS ON BACK OF THIS FORM