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

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

HOBBS OCD
JUN 28 2019
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. **30-025-45028**

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name **RED HILLS SWD**

1. Type of Well: Oil Well ☐ Gas Well ☐ Other **SWD**

8. Well Number **1**

2. Name of Operator **MESQUITE SWD, INC.**

9. OGRID Number **161968**

3. Address of Operator **PO BOX 1479 CARLSBAD NM 88220**

10. Pool name or Wildcat **[97803] SWD; DEVONIAN-MONTOYA**

4. Well Location
Unit Letter **H** ; **1500** feet from the **NORTH** line and **430** feet from the **EAST** line
Section **5** Township **26S** Range **33E** NMPM **LEA** County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* **3360' GR**

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			OTHER:		MIT TEST	☒

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.

05/29/2019 – Pressure test to 540# for 32 minutes. Start 540 psi, end 520 psi

MIT chart attached.

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

SIGNATURE Melanie J Wilson TITLE **Regulatory Analyst** DATE **06/17/2019**

Type or print name **Melanie J. Wilson** E-mail address: mjp1692@gmail.com PHONE: **575-914-1461**

For State Use Only

APPROVED BY: Mary Robinson TITLE Compliance Officer DATE 6-28-19
Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Mesquite SWD	30-025-45028

Property Name	Well No.
Red Hills SWD	#1

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	5	26S	33E		1500	N	430	E	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	(NO)	YES	(NO)	INJ	(SWD)	OIL	GAS	5-29-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Puff	Y / (N)	Y / (N)	Y / N	Y / (N)	CO2 ___
Steady Flow	Y / (N)	Y / (N)	Y / N	Y / (N)	WTR ___
Surges	Y / (N)	Y / (N)	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) N	(Y) N	Y / N	(Y) N	Type of Fluid Injected for Waterflood if applies
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.

Int. & Prod. tied together

Double B. section

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

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- Blow or Puff — Yes or No
- Bled down to Nothing — Yes or No
- Steady Flow — Yes or No
- Oil or Gas — Yes or No
- Water — Yes or No

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

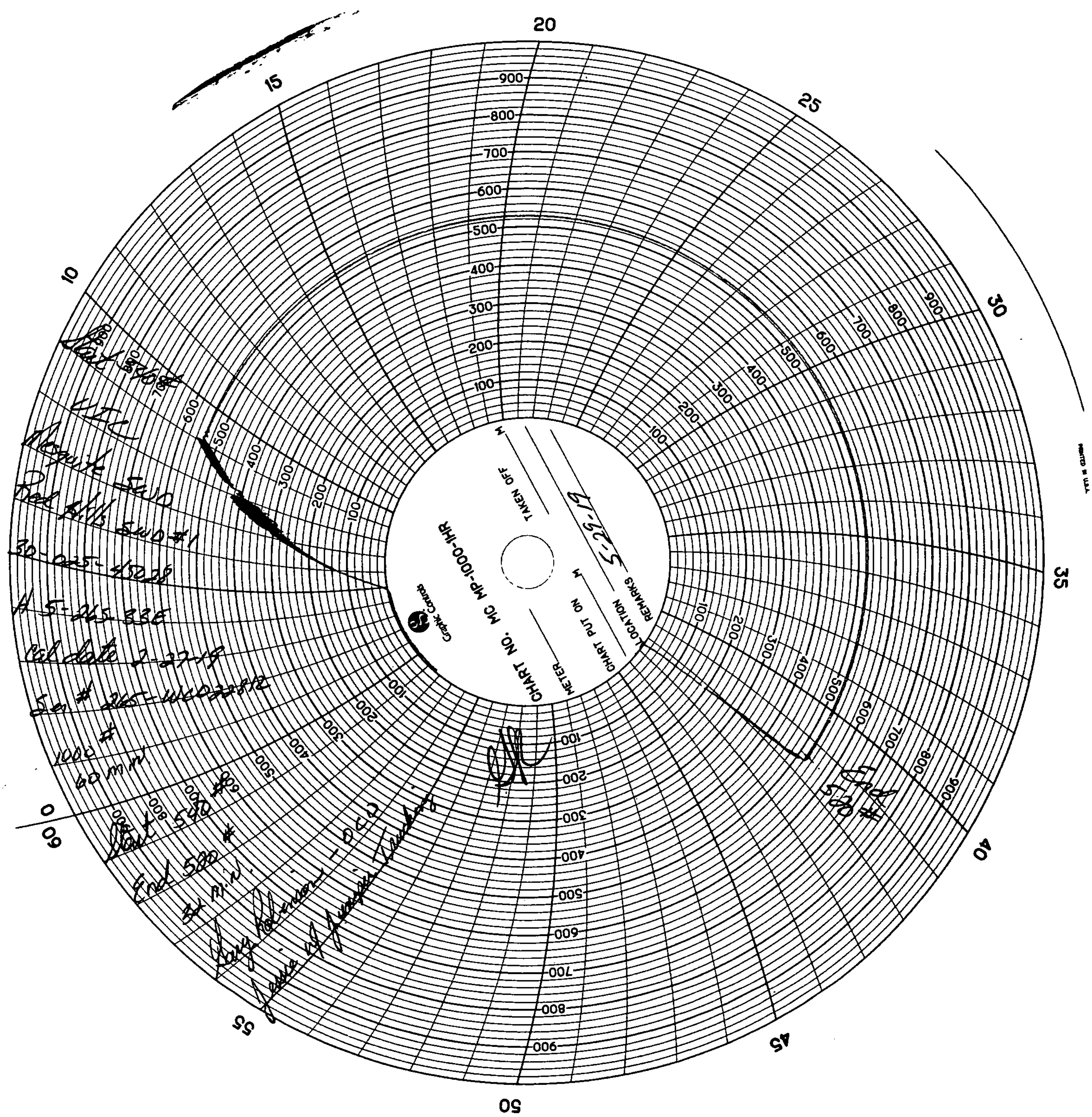
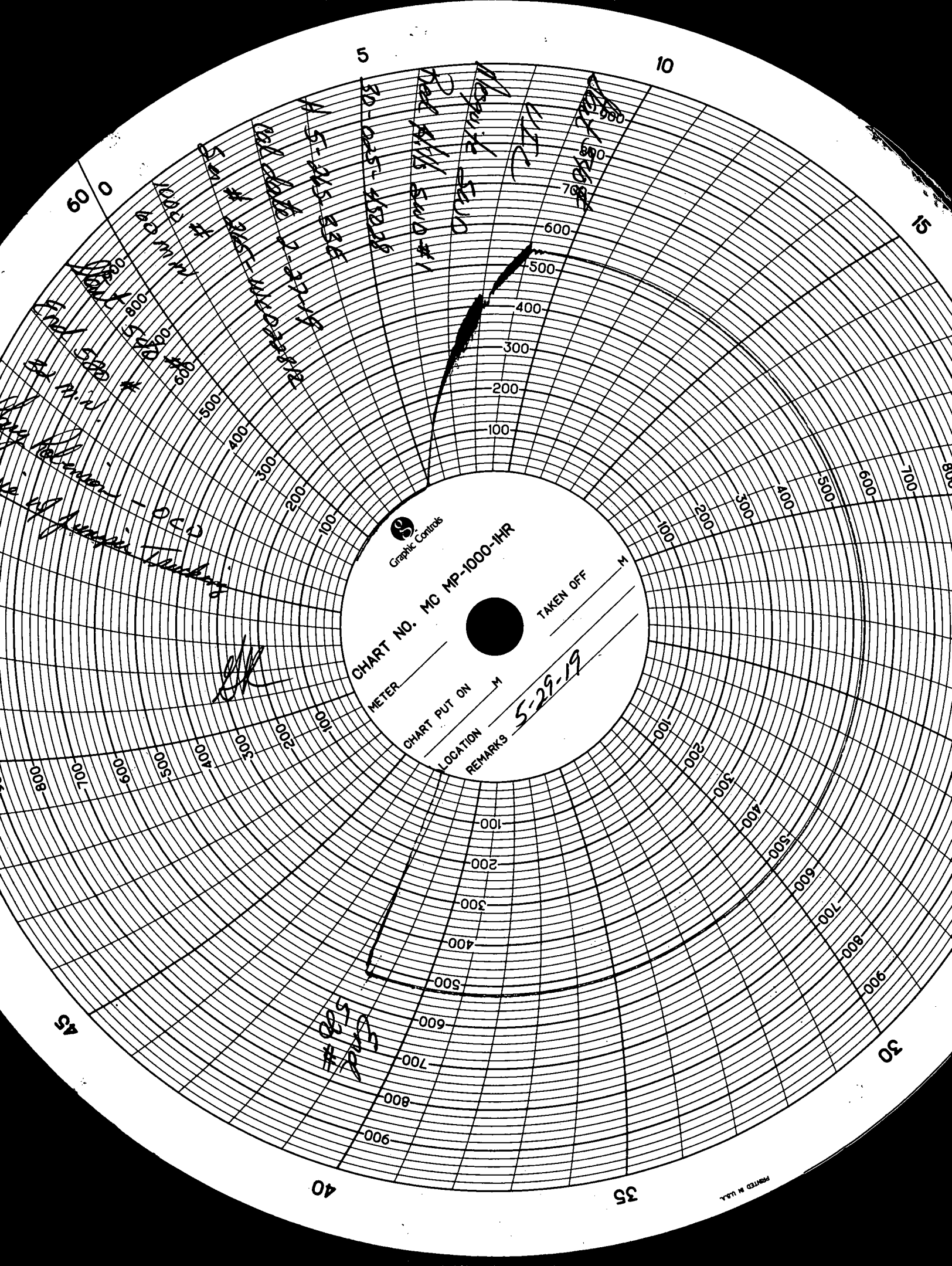


CHART NO. MC MP-1000-1HR
METER
CHART PUT ON
LOCATION
REMARKS
TAKEN OFF
Graphic Controls
5-29-19
Mesquite SWD
Red Hills SWD #1
Cal date 2-27-19
60 min
Start 540#
Larry Robinson - OCD
PRINTED IN U.S.A.


Graphic Controls
CHART NO. MC MP-1000-1HR
METER
CHART PUT ON M
LOCATION
REMARKS 5-29-19
TAKEN OFF M
PRINTED IN U.S.A.