

District 2-Artesia Field Office
 811 S. 1st Street
 Artesia, NM 88210
 (Office) 575-748-1200
 (Fax) 575-748-9200
 Submit 1 Copy

HOBS OCD
 JUN 28 2009
 RECEIVED

State of New Mexico
EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT

Operator Name <p style="text-align: center;">Mesquite SWD, Inc.</p>	API Number <p style="text-align: center;">30-025-43328</p>
Property Name <p style="text-align: center; font-size: 1.2em;">West Gramma Ridge SWD</p>	Well No. <p style="text-align: center; font-size: 1.5em;">1</p>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
3	6	22S	32E	110S	N	480	W	Lea

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ <input type="radio"/> SWD <input checked="" type="radio"/>	OIL <input type="radio"/> GAS <input type="radio"/>	6/4/2009

OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

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

As per Rusty *RM*

Signature:	OIL CONSERVATION DIVISION
Print name: <i>Rusty Parcel</i>	Recorded online:
Title:	Re-test:
E-mail Address: _____ Phone #: _____	
Date: _____ Witness: _____	

West Gramma Ridge SWD #1
API - 30-025-43328
Calibrated by Atchafalaya 2-27-19
Juniper Tanks
Start - 545 #5 7:55 PM
End - 545 #5 8:30 PM
Tbg - 0 #5


Rusty Parker
6/4/19

30

35

40

45

50

55

60

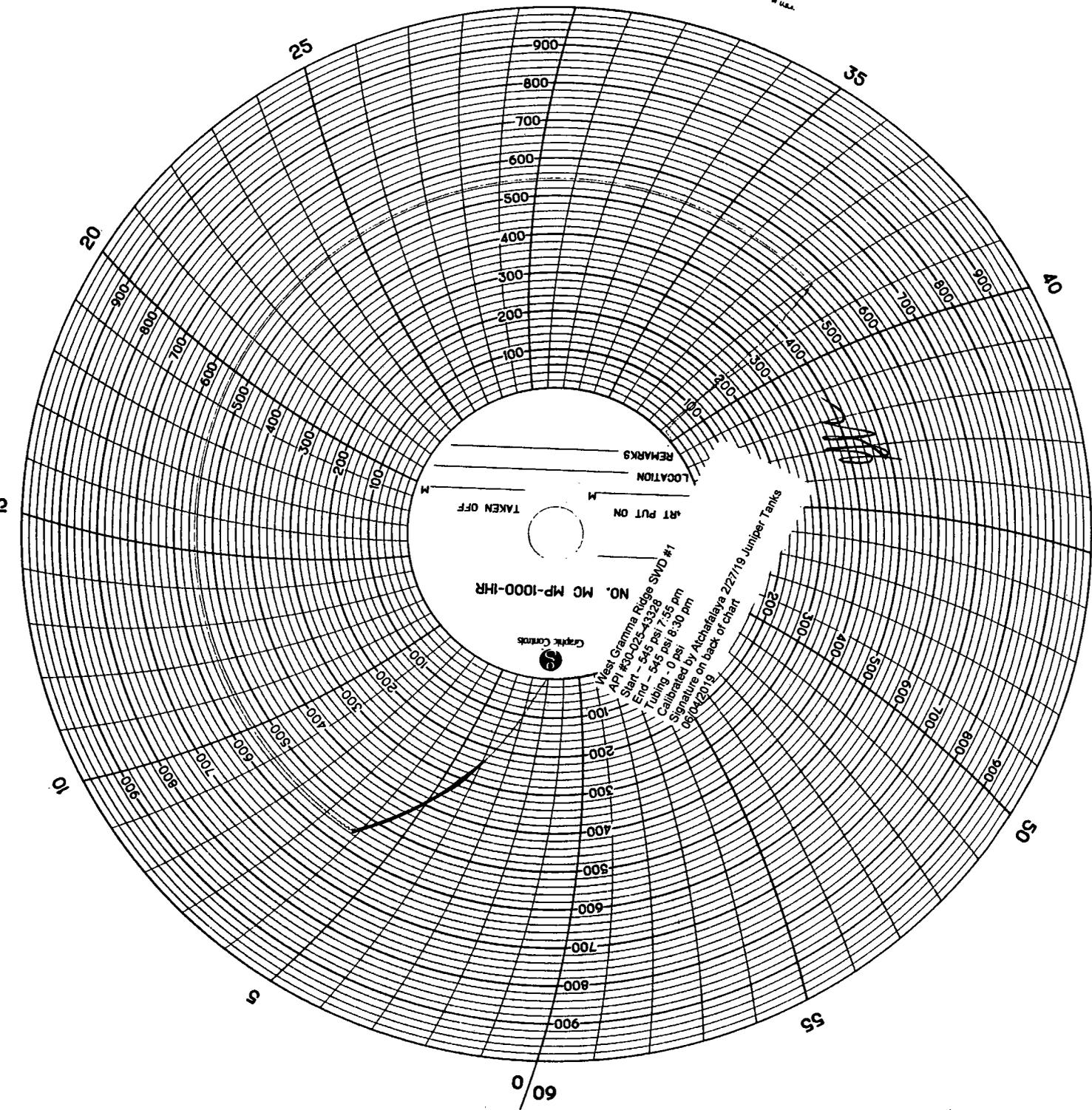
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HOBBS OCD
JUN 28 2019
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SONDRY 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.
NMNM12845

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

8. Well Name and No.
WEST GRAMMA RIDGE SWD 1

9. API Well No.
30-025-43328

10. Field and Pool or Exploratory Area
SWD;DEVONIAN

11. County or Parish, State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
MESQUITE SWD, INC. Contact: MELANIE WILSON
E-Mail: mjp1692@gmail.com

3a. Address
PO BOX 1479
CARLSBAD, NM 88221

3b. Phone No. (include area code)
Ph: 575-914-1461

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 6 T22S R32E Mer NMP NENW 1105FNL 1480FWL

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.

06/04/19 - Ran MIT Test. Pressure test to 545 psi for 35 minutes. Start 545psi, end 545 psi.

MIT chart attached.

Rec'd 7-1-19 gsk

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #469430 verified by the BLM Well Information System For MESQUITE SWD, INC., sent to the Hobbs

Name (Printed/Typed) MELANIE WILSON Title REGULATORY ANALYST

Signature (Electronic Submission) Date 06/17/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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 _____

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)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****