

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

HOBBBS
DO NOT use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.
JUN 28 2019
SUBMIT IN TRIPLICATE - Other instructions on page 2

5. Lease Serial No.
NMNM68084

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
STATION SWD 1

9. API Well No.
30-025-43473

10. Field and Pool or Exploratory Area
SWD;DEVONIAN-SILURIAN

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 7 T24S R32E Mer NMP SENW 2625FNL 2315FWL

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 recomplete 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 recompletion 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.

05/29/19 - Ran MIT Test. Pressure test to 540 psi for 30 minutes. Start 540 psi, end 540 psi.
MIT chart attached.

MR
6-28-19
dk

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #469432 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.

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 30-025-43473
Property Name STATION SWD		Well No. #1

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
F	7	24S	32E	2625	N	2315	W	LEA

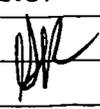
Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 5-29-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	1900
Flow Characteristics					
Pull	Y <input checked="" type="radio"/> N <input type="radio"/>	CO2 <input type="checkbox"/>			
Steady Flow	Y <input checked="" type="radio"/> N <input type="radio"/>	WTR <input type="checkbox"/>			
Surges	Y <input checked="" type="radio"/> N <input type="radio"/>	GAS <input type="checkbox"/>			
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	Type of fluid injected for waterflood if applicable			
Gas or Oil	Y <input checked="" type="radio"/> N <input type="radio"/>				
Water	Y <input checked="" type="radio"/> N <input type="radio"/>				

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

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

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:

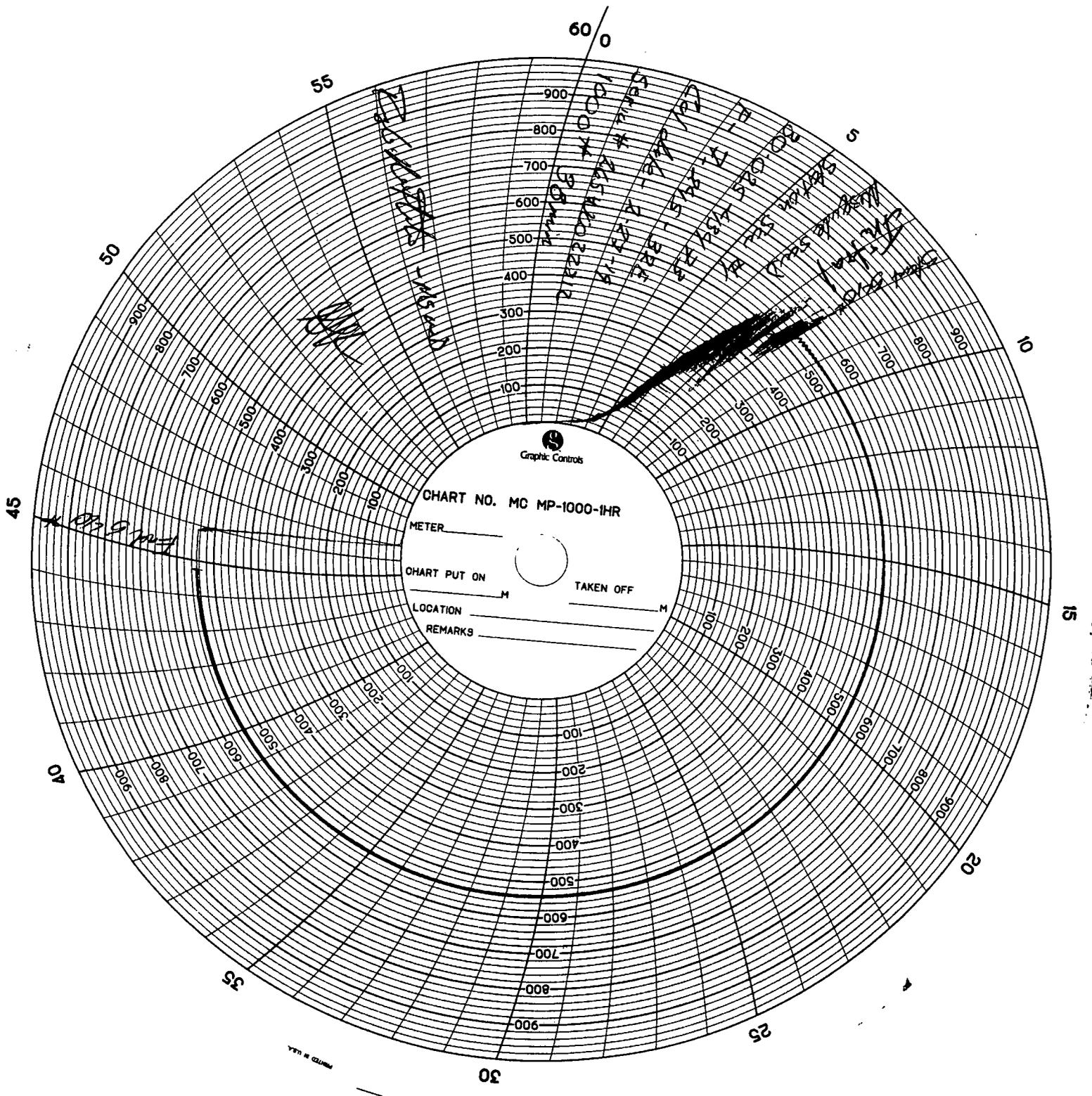
1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

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.



Graphic Controls

CHART NO. MC MP-1000-IHR

METER _____

CHART PUT ON _____ M TAKEN OFF _____ M

LOCATION _____

REMARKS _____

YFR 11 02000