

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 88218
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87414
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OOD
JUN 28 2019
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-45029
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TREY SWD
8. Well Number 1
9. OGRID Number 161968
10. Pool name or Wildcat [97869] SWD; DEVONIAN-SILURIAN

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.)

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

2. Name of Operator
MESQUITE SWD, INC.

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

4. Well Location
 Unit Letter **A**; **200** feet from the **NORTH** line and **200** feet from the **EAST** line
 Section **21** Township **23S** Range **32E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3689' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Change plans/tubing size <input type="checkbox"/>		OTHER: MIT TEST <input checked="" type="checkbox"/>	

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.

04/25/2019 – Set 5 ½" 20# P-110 tubing 11550-16975' and 7" 26# P-110 tubing 11550' to surface. Set packer @ 16975'.

04/26/2019 – Released rig.

06/05/2019 – Pressure test casing to 540 psi for 30 minutes. No pressure loss. Start 540 psi, end 540 psi. (Chart attached.)

06/06/2019 - Date of first production.

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

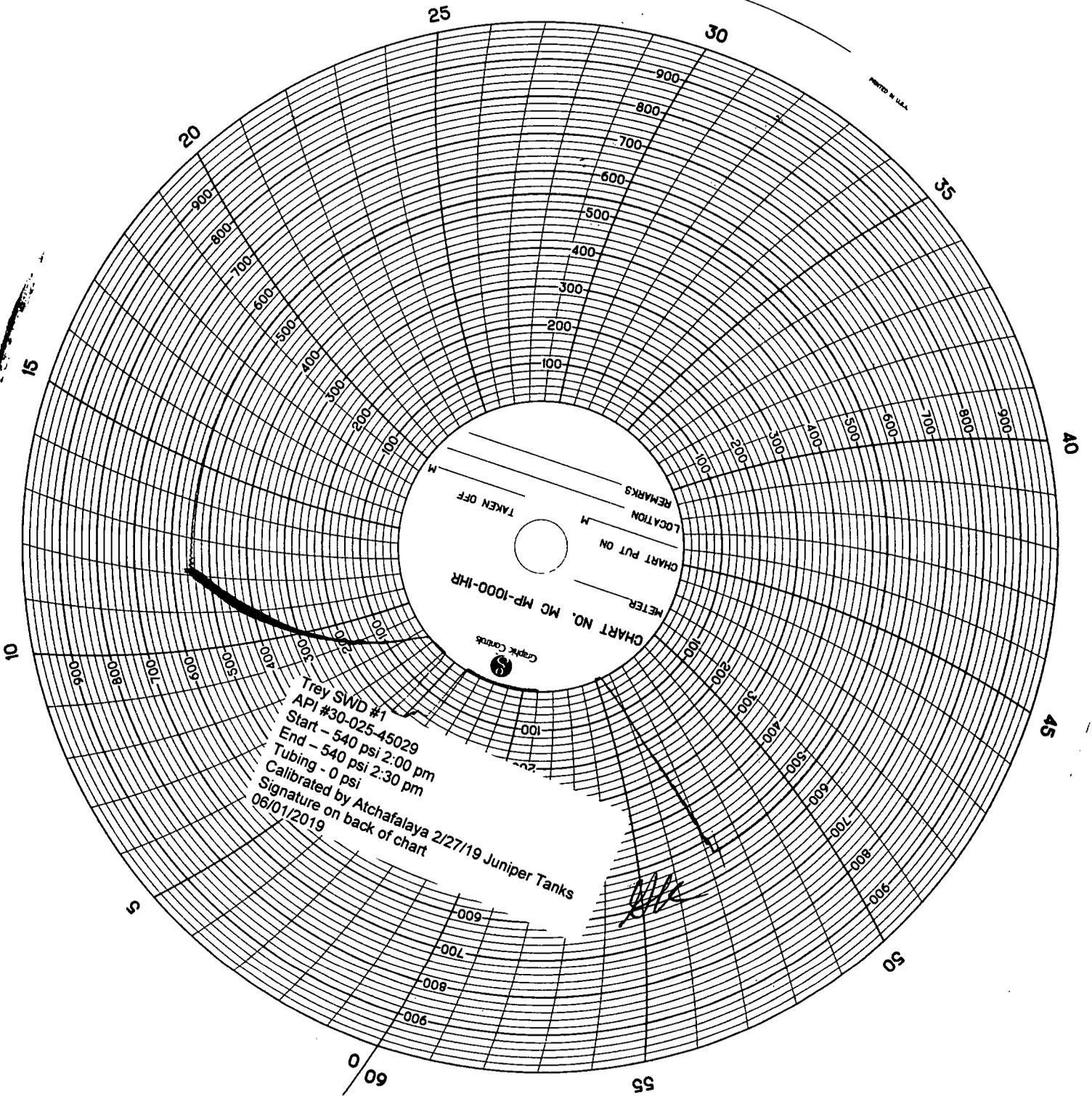
SIGNATURE Stormi Davis TITLE Regulatory Analyst DATE 06/17/2019

Type or print name: Stormi Davis E-mail address: ssdavis104@gmail.com PHONE: 575-308-3765

For State Use Only

APPROVED BY: Greg Anderson TITLE Compliance Officer DATE 7-2-19

Conditions of Approval (if any):



PRINTED IN U.S.A.

CHART NO. MC MP-1000-IHR
METER _____
CHART PUT ON _____
LOCATION _____
REMARKS _____
TAKEN OFF _____

Trey SWD #1
API #30-025-45029
Start - 540 psi 2:00 pm
End - 540 psi 2:30 pm
Tubing - 0 psi
Calibrated by Atchafalaya 2/27/19 Juniper Tanks
Signature on back of chart
06/01/2019

[Handwritten Signature]


Mike Hernandez

Trey SWO #1
API-30-025-45029
Start-540 #5
Ends-540 #5

Start Time
2:00 PM - 2:30 PM


Gene
Tanya
Kathy
Kathy

6/1/19

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 30-025-45029
Property Name TREY SWD		Well No. # 1

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
A	21	23S	32E	200	N	200	E	LEA

Well Status

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

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0		0	0
Flow Characteristics					
Pull	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> / <input checked="" type="radio"/>	<input checked="" type="radio"/> / <input checked="" type="radio"/>	Y / N	<input checked="" type="radio"/> / <input checked="" type="radio"/>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	
Water	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	

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

Initial TEST

*As per Rusty
SK*

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

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.
