

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

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: Change plans/tubing size ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
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.

04/25/2019 - Set 5 1/2" 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: Kerry Fether TITLE Compliance Officer A DATE 7-9-19  
Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

|                                      |  |                                   |  |
|--------------------------------------|--|-----------------------------------|--|
| Operator Name<br><b>MESQUITE SWD</b> |  | API Number<br><b>30-025-45029</b> |  |
| Property Name<br><b>TREY SWD</b>     |  | Well No.<br><b>#1</b>             |  |

1. Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>A</b> | Section<br><b>21</b> | Township<br><b>23S</b> | Range<br><b>32E</b> | Feet from<br><b>200</b> | N/S Line<br><b>N</b> | Feet from<br><b>200</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                  |               |                 |                 |                        |
|------------------|---------------|-----------------|-----------------|------------------------|
| TA'D WELL<br>YES | SHUT-IN<br>NO | INJECTOR<br>INJ | PRODUCER<br>OIL | DATE<br><b>5-29-19</b> |
|------------------|---------------|-----------------|-----------------|------------------------|

OBSERVED DATA

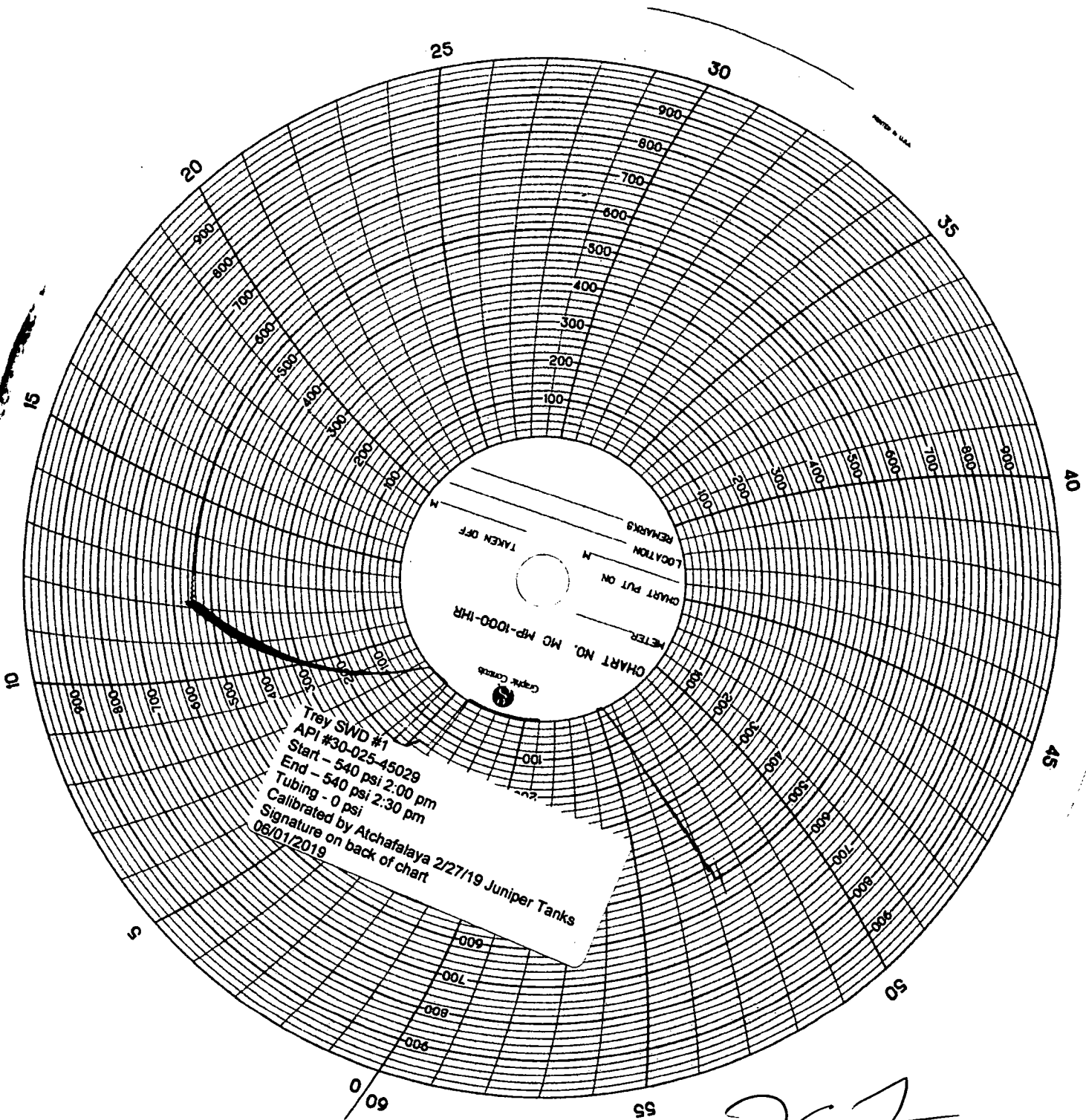
|                      | (A) Surface  | (B) Intern/1 | (C) Intern/2 | (D) Prod Casing | (E) Tubing   |
|----------------------|--------------|--------------|--------------|-----------------|--|
| Pressure             | <b>0</b>     | <b>0</b>     | <b>—</b>     | <b>0</b>        | <b>0</b>   |
| Flow Characteristics |              |              |              |                 |  |
| Pull                 | <b>Y / 0</b> | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / 0</b>    | CO2 <b>—</b>   |
| Steady Flow          | <b>Y / 0</b> | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / 0</b>    | WTR <b>—</b>   |
| Surges               | <b>Y / 0</b> | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / 0</b>    | GAS <b>—</b>   |
| Down to nothing      | <b>0 / N</b> | <b>0 / N</b> | <b>Y / N</b> | <b>0 / N</b>    | Type of Fluid<br>Injected for<br>Water/Gas if<br>applies |
| Gas or Oil           | <b>Y / 0</b> | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / 0</b>    |  |
| Water                | <b>Y / 0</b> | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / 0</b>    |  |

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

**Initial TEST**

|                 |        |                           |
|-----------------|--------|---------------------------|
| Signature:      |        | OIL CONSERVATION DIVISION |
| Printed name:   |        | Entered into RBDMS        |
| Title:          |        | Re-test                   |
| E-mail Address: |        | <b>702</b>                |
| Date:           | Phone: |                           |
| Witness:        |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM



JCF

6/11/09

Joe Green  
Judy Parker  
[Signature]  
[Signature]  
Randy Parker

Trey SUB #1  
Apt. 30-025-45029  
Start .540 #3  
Ends .540 #3  
Start 1hr.  
9:00pm - 2:30pm.

Mike Hernandez  
[Signature]