

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 87404  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

**HOBBS**  
**RECEIVED**  
**JUN 28 2019**

WELL API NO. <b>30-025-26676</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. SWD-272

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR REPAIRS 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 <b>WEST JAL SWD</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>SWD</b>		8. Well Number <b>1</b>
2. Name of Operator <b>MESQUITE SWD, INC.</b>		9. OGRID Number <b>161968</b>
3. Address of Operator <b>PO BOX 1479 CARLSBAD NM 88220</b>		10. Pool name or Wildcat <b>[96131] SWD; SEVEN RIVERS</b>
4. Well Location Unit Letter <b>G</b> ; <b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line Section <b>10</b> Township <b>25S</b> Range <b>36E</b> NMPM <b>LEA</b> County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3165' GR</b>		

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

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

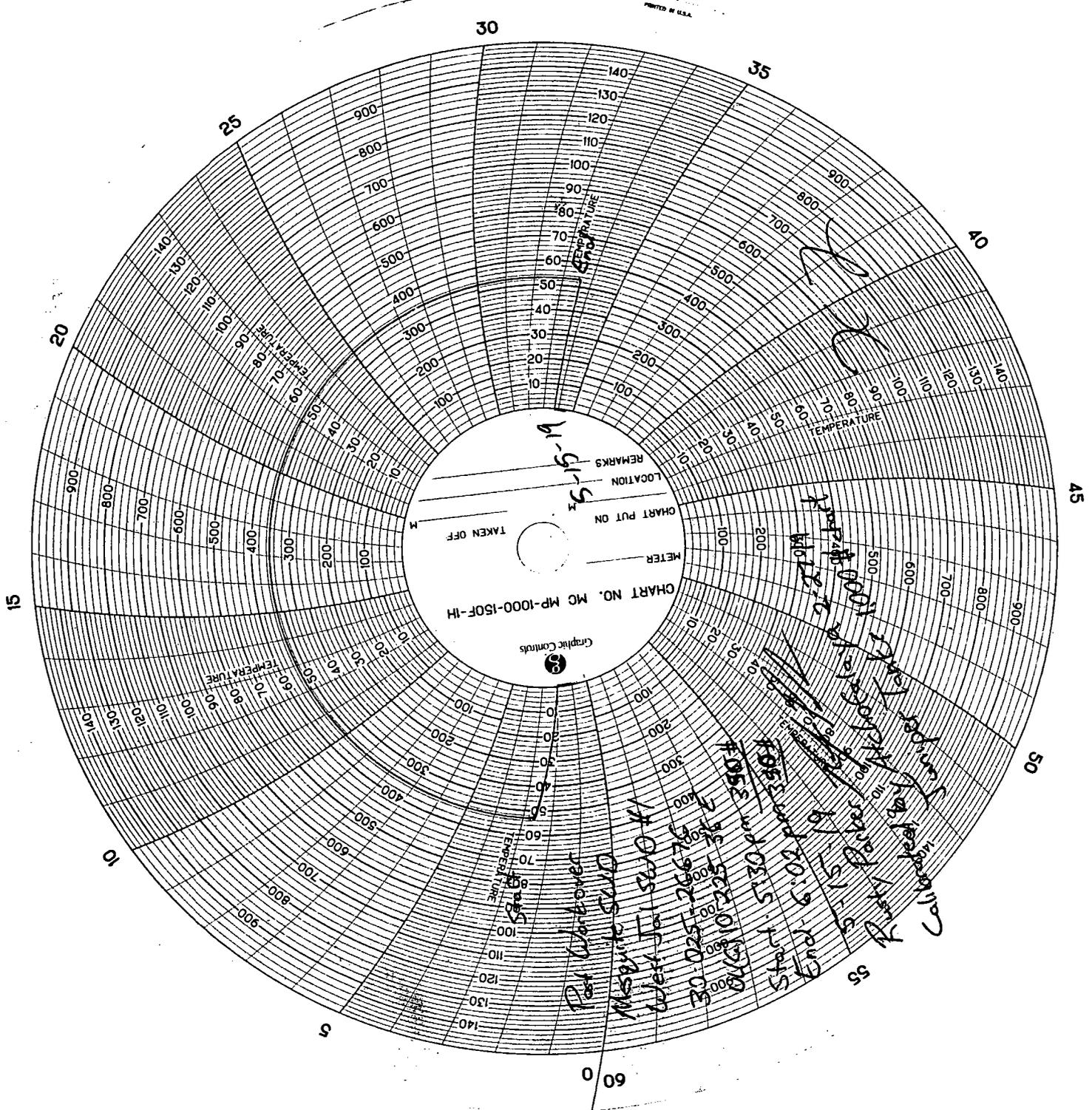
05/13/2019 – 05/15/2019 – RU workover rig. Nipple up BOP, release packer & TOH w/packer. RIH w/new packer and set @ 3599'. Circulate packer fluid. Flange up well head.  
 05/15/2019 – Ran MIT test. Pressure test to 350#, held for 32 minutes. No pressure loss.

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 06/04/2019

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

APPROVED BY: Kerry Foster TITLE Compliance Officer A DATE 7-16-19  
 Conditions of Approval (if any):



5-15-19

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