

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY 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*

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

5. Lease Serial No.  
NMNM26394

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
VACA DRAW FEDERAL SWD 1

9. API Well No.  
30-025-23895

10. Field and Pool or Exploratory Area  
SWD;DEVONIAN

11. County or Parish, State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other Instructions on page 2**

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 21 T25S R33E Mer NMP SESE 658FSL 662FEL

**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.

05/29/19 - Ran MIT Test. Pressure test to 560 psi for 32 minutes. Start 560 psi, end 595 psi.

MIT chart attached.

RECEIVED

JUN 18 2019

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #469441 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 Accepted for record - NMOCD

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

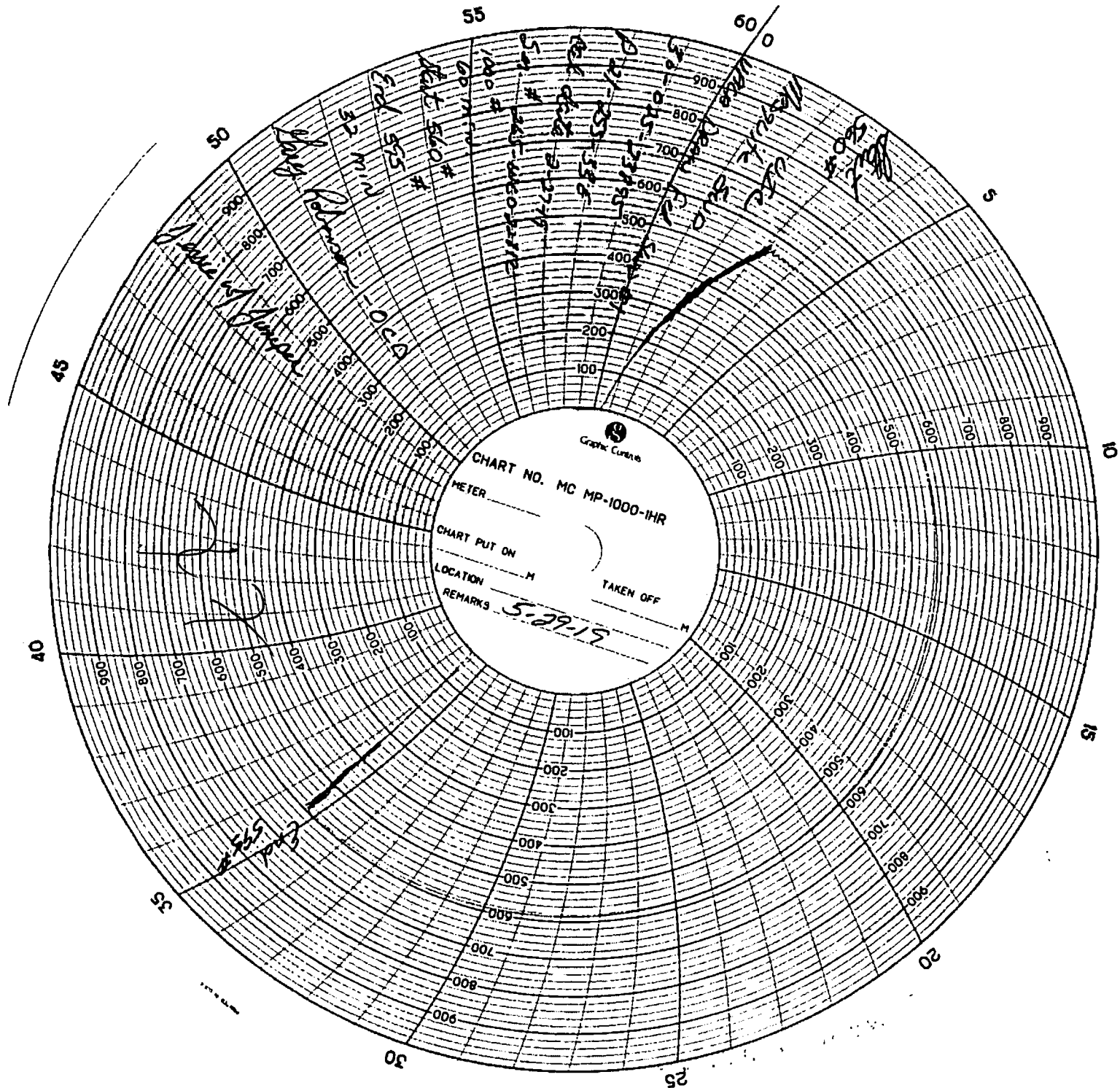
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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

**FOR RECORD ONLY**

X2 NMOC



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

BRADENHEAD TEST REPORT

Operator Name <b>Mesquite SWD</b>		API Number <b>30-025-23855</b>	
Property Name <b>UTCA DRAW Fed. SWD.</b>		Well No. <b>#1</b>	

Surface Location									
UL - Lot <b>P</b>	Section <b>21</b>	Township <b>25S</b>	Range <b>33E</b>		Feet from <b>658</b>	N/S Line <b>S</b>	Feet from <b>662</b>	E/W Line <b>E</b>	County <b>LEA</b>

Well Status									
YES	TA'D WELL <b>NO</b>	YES	SHUT-IN <b>NO</b>	INJ	INJECTOR <b>SWD</b>	OIL	PRODUCER	GAS	DATE <b>5-29-19</b>

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Casing	(E) Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Pull	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	Type of fluid injected for stimulation if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

Pumps down - Low Water

Surface casing needs to be piped to above ground before next year.

Signature		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address			
Date:	Phone:		
Witness: <i>Cheryl Robinson</i>			

INSTRUCTIONS ON BACK OF THIS FORM