

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-entries on abandoned well. Use form 3160-3 (APD) for such proposals.

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. 30-025-43473-00-S1

10. Field and Pool or Exploratory Area SWD

11. County or Parish, State LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

HOBBS OCD
AUG 21 2019
RECEIVED

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator Contact: MELANIE WILSON
MESQUITE SWD INCORPORATED E-Mail: mjp1692@gmail.com

3a. Address 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 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.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #469432 verified by the BLM Well Information System
For MESQUITE SWD INCORPORATED, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2229SE)

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 **Accepted for Record** Date **JUL 10 2019**

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 **Jonathon Shepard
Carlsbad Field 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)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

LR 8-26-19

FOR RECORD ONLY

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

OBSERVED DATA

	(A)Surface	(B)Intern#1	(C)Intern#2	(D)Prod Casing	(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"/>			
Burges	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 Inferred by Instruments analysis			
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