

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-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

Case Serial No.
006915

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on Page 2

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

1. Type of Well

Oil Well Gas Well Other: INJECTION

8. Well Name and No.
DEEP PURPLE SWD 1

2. Name of Operator

MESQUITE SWD INCORPORATED

Contact: MELANIE WILSON
E-Mail: mjp1692@gmail.com

9. API Well No.
30-025-44106-00-S1

3a. Address

CARLSBAD, NM 88221

3b. Phone No. (include area code)
Ph: 575-914-1461

10. Field and Pool or Exploratory Area
Multiple-See Attached

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 30 T22S R32E SWSW 270FSL 380FWL
32.355930 N Lat, 103.721703 W Lon

11. County or Parish, State
LEA COUNTY, NM

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.

06/04/19 - Ran MIT Test. Pressure test to 540 psi for 32 minutes. Start 540 psi, end 540 psi.

MIT chart attached.

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

Electronic Submission #469429 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 (19PP2227SE)

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

JUL 10 2019
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.

Jonathon Shepard
Carlsbad Field Office
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 **

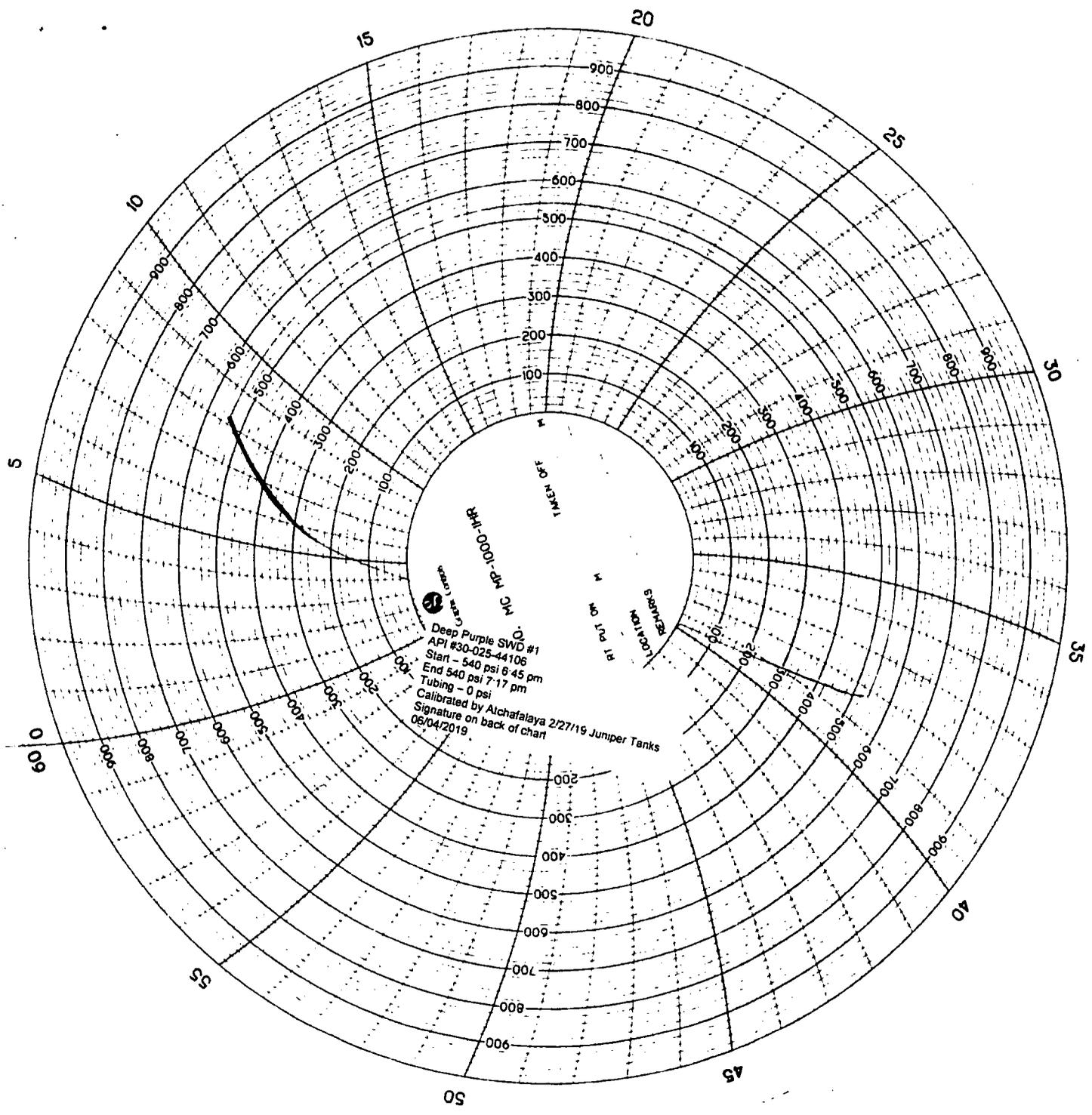
DR 8-26-19

FOR RECORD ONLY

Additional data for EC transaction #469429 that would not fit on the form

10. Field and Pool, continued

UNKNOWN



WELL NAME
Deep Purple SWD #1
API #30-025-44106
Start - 540 psi 6:45 pm
End 540 psi 7:17 pm
Tubing - 0 psi
Calibrated by Alchafalaya 2/27/19 Juniper Tanks
Signature on back of chart
06/04/2019

6/1/19
Kusty Forster

Deep Purple SWD #1
API. 30-025-44106
Calibrated by Atchakalaya 2-27-19
Jumper Tanks
Start. 540 #s 6:45 PM
End. 540 #s 7:17 PM
T69 - 0 #s

District 2-Artesia Field Office
 811 S. 1st Street
 Artesia, NM 88210
 (Office) 575-748-1283
 (Fax) 575-748-9720
 Submit 1 Copy

State of New Mexico
EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT

Operator Name Mesquite SWD. Inc.	³⁰ API Number 30-025-244106
Property Name Deep Purple SWD	Well No. 1

⁷ Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
4	30	22S	32E	270	S	380	W	Lea

Well Status

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"/>	DATE 6/4/2019
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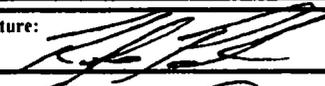
OBSERVED DATA

	(A) Surf-Intern	(B) Intern. (1)	(C) Intern. (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Puff	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	If applicable type
Gas or Oil	Y/ N	Y/ N	Y/ N	Y/ N	fluid injected for
Water	Y/ N	Y/ N	Y/ N	Y/ N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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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
Print name: Rusty Packer	Recorded online:
Title:	Re-test:
E-mail Address: _____ Phone #: _____	
Date: _____	Witness: _____