

Office

Energy, Minerals and Natural Resources

October 13, 2009

District I

1625 N. French Dr., Hobbs, NM 88241

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

RECEIVED

DEC 18 2009

OIL CONSERVATION DIVISION

Santa Fe, NM 87505

WELL API NO. 30-015-32741	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. B 6807	
7. Lease Name or Unit Agreement Name Kaiser State	✓
8. Well Number 44	✓
9. OGRID Number 161968	✓
10. Pool name or Wildcat Wilson Yates Seven Rivers	✓

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 ☐

2. Name of Operator

Mesquite SWD Inc.

3. Address of Operator

P.O. Box 1479 Carlsbad NM 88221-1479

4. Well Location

Unit Letter_F 2310FNL 2310FWL

Section 13

Township 21S

Range 34E

NMPM

County Lea ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

1) Set CIBP @ 3460' 4460ft 100ft above top perp.

2) Run MIT Test csg * Circ. Pkr. Fluid

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Clay L. Wilson

TITLE President

DATE 12-17-

2009

Type or print name Clay L Wilson

E-mail address:

claywilson@pccnm.com

Phone 575-706-1840

For State Use Only

Clay L. Wilson

DISTRICT 1 SUPERVISOR

DEC 21 2009