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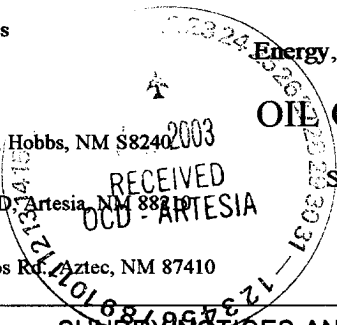
+Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088



WELL API NO. 30 015 02074
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State 647 AC 711
8. Well No. 47
9. Pool name or Wildcat Artesia; QN-GR-SA

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 [X] Gas Well [ ] OTHER Injection
2. Name of Operator Melrose Operating Company
3. Address of Operator c/o P.O. Box 953, Midland, TX 79702
4. Well Location Unit Letter H 800 Feet From The East Line and 1840 Feet From The North Line Section 21 28 Township 18S Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER Well put back on production [X]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
1-4-03: MIRU - TOH with pump & rods. Checked tubing for holes, tested tubing. Replaced bad joints. Ran in hole with pump & rods. Load tubing, start pumping to battery. Release rig.
1-6-03: Well pumping 1.5 bbls oil per day, 60 bbls water per day and 1 mcf per day.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Regulatory Agent DATE 1-17-03
TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684-6381

Accepted for record - 5/10/03

(this space for State Use)
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_
CONDITIONS OF APPROVAL, IF ANY: