+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 2088		WELL API NO.
P.O. Box 1980, Hobbs, NM S8240			30 025 08649
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil& Gas Lease No.
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.)			7. Lease Name or Unit Agreement Name
I. Type of Well: Oil Gas Well OTHER Injection well X			Cone Jalmat Yates Pool Unit
Name of Operator Melrose Operating Company			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
c/o P.O. Box 953, Midland, TX 79702 9l5 684-638l			Jalmat Yates
4. Well Location Unit Letter F	Feet From The	Line and	Feet From The Line
Section 24	Township 22S R 10. Elevation (Show whether	ange 35E r DF, RKB. RT, GR, etc.)	NMPM Lea County
	Appropriate Box to Indicate		•
NOTICE OF INT	TENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			MENT JOB
OTHER:		OTHER MIT	
work)SEE RULE 1103. As per OCD directive dated June 20	, 2001, the Cone Jalmat Yates Pointegrity test. This is shut-in we	ol Unit, Well #110 wa	s pressure tested on 7-19-01, was witnessed aluated for remedial work or P&A program to
I hereby certify that the information above is trut SIGNATURE TYPE OR PRINT NAME Ann E. Ritchie	1911	d belief. TLE Regulatory Agent	DATE 8-13-01 TELEPHONE NO. 915 684-6381
(this space for State Use)		OFFICENTAL (F	
APPROVED BY	TI	TLE k	DATE DATE