

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.	30-015-01838
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State 14 C
8. Well No.	001
9. Pool name or Wildcat	Artesia (QN-GR-SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER <input type="checkbox"/>
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 <u>C</u> <u>330</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/>	
COMMENCE DRILLING OPNS. <input type="checkbox"/>	
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Well put back on production <input checked="" type="checkbox"/>	

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.

02/09/03:

TIH w/ pump and rods. Hang well on.
Tagging pumping.
Well pumping 2 oil and 15 water.

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

SIGNATURE Amber D. Fraley TITLE Regulatory Agent DATE 03/20/03

TYPE OR PRINT NAME Amber D. Fraley TELEPHONE NO. 915-684-6381

(this space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____