Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
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

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

WELL API NO.
30 015 02541

5. Indicate Type of Lease
STATE X FEE ☐

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
Artesia Unit

1. Type of Well:
Oil Well Gas Well Other (Injection) X

RECEIVED
MAR 20 2006
OCD-ARTESIA

8. Well Number
Well # 46

2. Name of Operator
Melrose Operating Company

9. OGRID Number
184860

3. Address of Operator
c/o P.O. Box 953, Midland, TX 79702

10. Pool name or Wildcat
Artesia (Queen, Gray, SA)

4. Well Location

Unit Letter F : 2310' feet from the North line and 2267' feet from the West line

Section 3 Township 18S Range 28E NMPM Eddy County

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*): 3662'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK		ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB			
OTHER:			☐	OTHER: Casing Integrity Test			X

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2-8-06: Ran Casing Integrity test to 665# held for 30 + minutes okay.

Chart attached.

Authority to inject.
Denied - Reference NMOCD
Rule 19.15.9.704.A(5)
Contact OCD to reschedule test

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

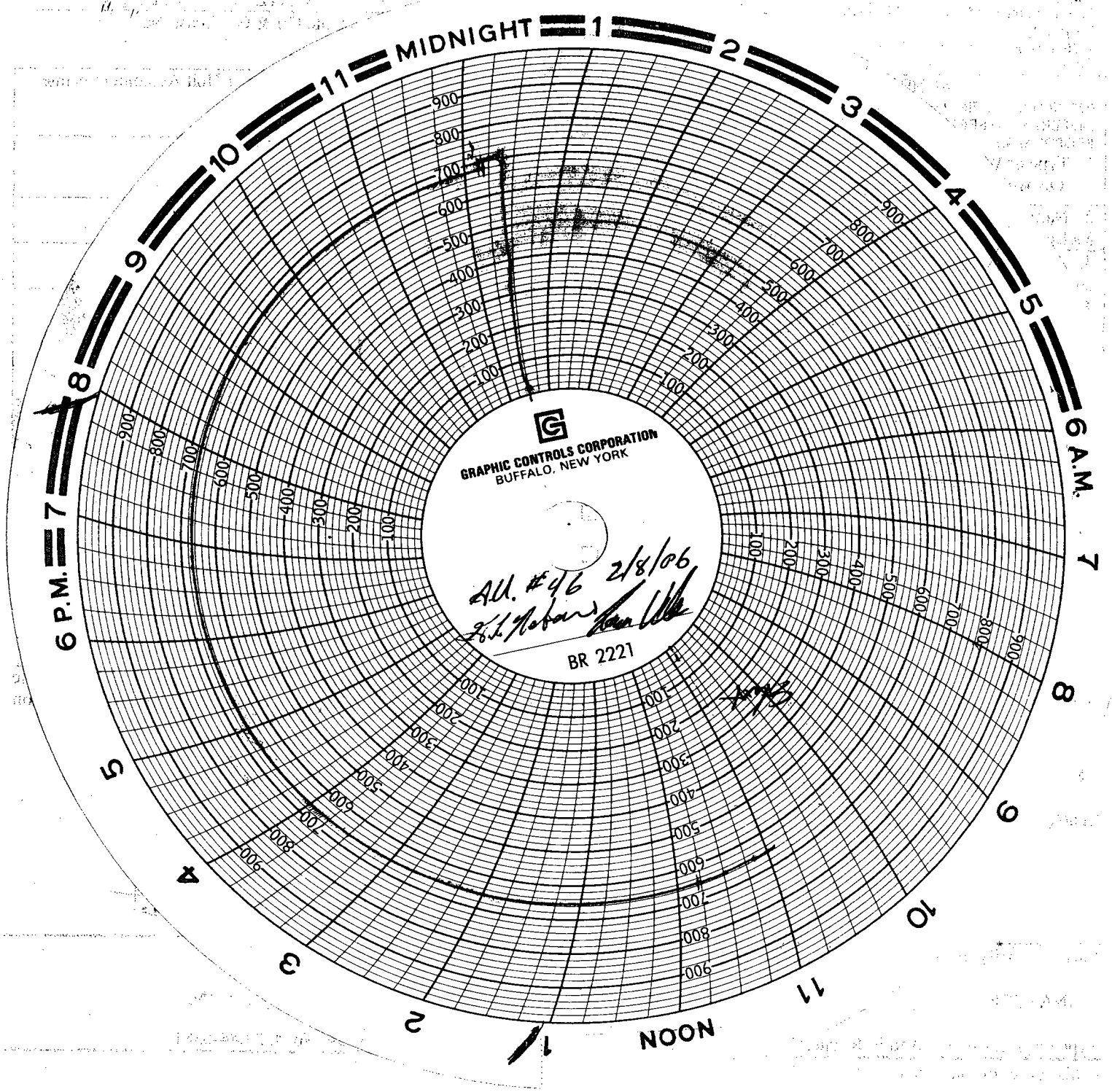
SIGNATURE _____ TITLE Regulatory Agent DATE 3-7-06

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No. 432 684-6381

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:


MIDNIGHT
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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
All. #46 2/8/06
BR 2221