

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

Form C-103
Revised June 10, 2003

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

WELL API NO. 30 015 02055
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 647 Acct 711
8. Well Number Well # 89
9. OGRID Number 184860
10. Pool name or Wildcat Artesia (Queen, Gray, 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 Gas Well Other (Injection) <input checked="" type="checkbox"/>		RECEIVED MAY 30 2006 OCD-ARTESIA
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>K</u> <u>2310'</u> feet from the <u>South</u> line and <u>1650'</u> feet from the <u>West</u> line Section <u>27</u> Township <u>18S</u> Range <u>28E</u> NMPM Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.): <u>3652'</u>		

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 COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB
OTHER: Casing Integrity Test ☒

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.

3-27-06: Ran Casing Integrity test, stabilized at 500 psi for 30 minutes. Held okay.

Chart attached.

Resubmit with **Detailed** report of procedure to correct deficiency.

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 5-22-06

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No. 432 684-6381
(This space for State use)

APPROVED BY [Signature] TITLE Accepted for record DATE 5-22-06
Conditions of approval, if any:

