

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

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.)		WELL API NO. 30 015 01801
1. Type of Well: Oil Well Gas Well Other (Injection) X		5. Indicate Type of Lease STATE FEE X
2. Name of Operator Melrose Operating Company 184860		6. State Oil & Gas Lease No.
3. Address of Operator c/o Box 953 Midland, TX 79702		7. Lease Name or Unit Agreement Name Artesia Unit
4. Well Location Unit Letter <u>C</u> : <u>1070</u> feet from the <u>North</u> line and <u>1570</u> feet from the <u>West</u> line Section <u>3</u> Township <u>18S</u> Range <u>28E</u> NMPM Eddy County		8. Well Number 54
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 36523		9. OGRID Number 184860
10. Pool name or Wildcat Artesia, Queen/Grayburg/San Andres		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER:		SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB OTHER: MIT re-test <i>Conversion to injection</i>
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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.

MIT test in January 2006 was not witnessed. Re-scheduled for re-test.

7-12-07: Casing integrity test run, well tested to 560 psi and held for 30 minutes. Chart submitted to OCD, copy attached.

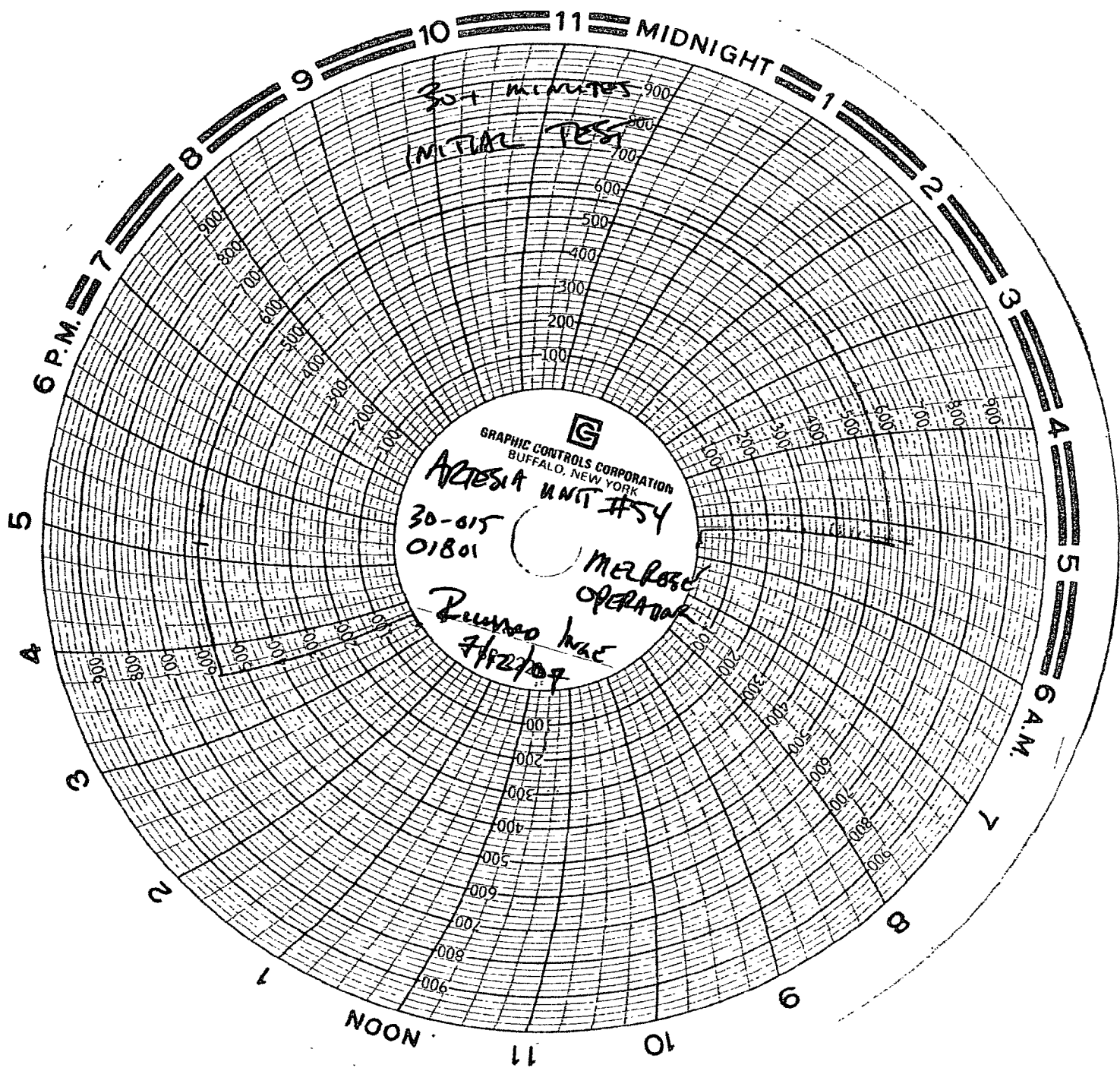
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Ann E. Ritchie* TITLE Regulatory Agent DATE: 7-20-07

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

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APPROVED BY *Gerry Guye* TITLE Deputy Field Inspector DATE JUL 31 2007
 Conditions of approval, if any: District II - Artesia



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Q, 1030 FAL & 1530 FAL
Sec 3 T185, R 28E

Re-Test