Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> 1625 N. French Dr. Hobbs, NM 88240	Energy, Minerals and Natural Resources N. French Dr. Hobbs, NM 88240		WELL API NO. 30 015 02049
1301 W. Grand Ave-, Artesia, NM 88210	District 11 1301 W. Grand Ave-, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III	District III 1000 Rio Brazos Rd., Azlec, NM 874AUG -8 2008 1220 South St. Francis Dr.		STATE   FEE
District IV 1220 & St. Francis Dr., Santa Fe, OCDARIESIA -			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			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C- I 0 1) FOR SUCH PROPOSALS.)			State E 1288
1. Type of Well: Oil Well X Gas Well Other			8. Well Number <sub>81</sub>
2. Name of Operator  Melrose Operating Company			9. OGRID Number 184860
3. Address of Operator			I 0. Pool name or Wildcat
			Artesia; Queen-Grayburg-San Andres
4. Well Location  Unit Letter G feet from the line and feet from the line			
Unit Letter G			
Section 27	Township 18S  I 1. Elevation (Show whether	Range 28E	NMPM Eddy County
	11. Elevation (Bhow whether	$Di^{-}NMD$ , $RI^{-}OR$ , $eic$ )	
Pit or Below-erade Tank Application or	Closure		
Pit typeDepth to Groundwat	erDistance from nearest fre	sh water well Dist	ance from nearest surface water
Pit Liner Thickness: Inil	Below-Grade Tank: Volume	bbls; Con	struction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☒ ALTERING CASING ☐			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
OTHER:		OTHER: Well bac	<del></del>
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.			
7-24-08: Repaired motor on unit. Battery repairs, laid lines, well has been shut-in due to equipment.			
7-25-08: Tested well @ 9 bbls oil per day and 110 bbls water, gas TSTM.			
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		A C	CEPTED FOR RECORD
ACOBI 12			
			AUG 8: 2009
Gerry Guye, Deputy Field Inspector NMOCD-District II ARTESIA			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or prosest according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan			
///J			•
SIGNATURE MAN OF A	Miles TITLE	Regulatory Agent	DATE <u>8-5-08</u>
Type or print name Ann E. Ritchie	E-mai	l address: ann.ritchie@	wtor.net Telephone No.
For State Use 0n1v	<del></del>		432 684-6381
APPROVED BY:	TITLE	1	DATE
Conditions of Approval (if any):	11166		DAIL