State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONCEDIVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240		2040 Pacheco St.					WELL API NO. 30-025-08593			
DISTRICT II P.O. Drawer DD, Artesia, NM 8821	0	Santa Fe, NM 87505					sIndicate Type of Lease			
, Dianoi DD,/1100ia, inii 902 i	-							STATE	FEE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410						6State Oil & Gas Lease No. E8322				
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.)							7Lease Name or Unit Agreement Name Jalmat Field Yates Sand Unit			
Type of Well: OIL GAS WELL OTHER WIW										
→Name of Operator Melrose Operating Co							eWell No. 110			
3Address of Operator PO Box 5061, Midland, TX 79704							⊮Pool name or Wildcat Jalmat - TN-YT-SR			
4Well Location Unit Letter F	1980	Feet From The	North		Line and	1650	Feet From The	West	Line	
Section	11	Township	228		ange	35E	NMPM	Lea	County	
		10Elevatio 3626' (on (Show whether GR	DF, F	RKB, RT, GR, etc					
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data										
NOTICE OF INTENTION TO: SUBS							SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND A	ABANDON		REMEDIAL WO	RK	\boxtimes	ALTERING CAS	ING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING						RILLING O	PNS.	PLUG AND ANB	ANDONMENT [
PULL OR ALTER CASING CASING TEST AND CEM						AND CEME	NT JOB			
OTHER:	12/1				OTHER:					
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.										
•							360	?		
TOH w/tbg & pkr. Redress	pkr & tes	st tbg. Replace 1	bad jt. Circ pk	r flu	iid, reset pkr (3 9 3838' 8	test csg to 500#			
Notified OCD.							OK			
Chart attached.										
		Amus and a a marila & - & -	the best of my limit		ige and halist					
I hereby certify that the information	ON Above is	true and complete to	1		_{ILE} Regulatoi	ry Tech.		DATE 04-2	0-00	
TYPE OR PRINT NAME BONNIE A	Atwater				. .			TELEPHONE NO. 9		
(This space for State Use)						:				
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APPROVED BY			3	TIT	Γt E			DATE		
CONDITIONS OF APPROVAL, IF ANY	:									



