State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM S8240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30 025 08641

5. Indicate Type of Lease
STATE ☐ 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

1. Type of Well:
Oil Well ☐   Gas Well ☐   OTHER Injection well X

Cone Jalmat Yates Pool Unit

2. Name of Operator
Melrose Operating Company

8. Well No.
503

3. Address of Operator
c/o P.O. Box 953, Midland, TX 79702 915 684-6381

9. Pool name or Wildcat
Jalmat Yates

4. Well Location

Unit Letter ____N____ _____ Feet From The _____ Line and _____ Feet From The _____ Line

Section 24   Township 22S   Range 35E   NMPM   Lea   County

///////////////////////////////   10. Elevation (Show *whether DF, RKB, RT, GR, etc.*)   ///////////////////////////////

11   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 ☐	
OTHER: _____ ☐	

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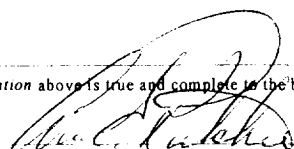
REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	
OTHER MIT ☒	

12. 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.

As per OCD directive dated June 20, 2001, the Cone Jalmat Yates Pool Unit, Well #503 was pressure tested on 7-19-01, was witnessed and passed the required mechanical integrity test. This is temporarily abandoned well.

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

SIGNATURE _____   TITLE Regulatory Agent   DATE 8-13-01

TYPE OR PRINT NAME Ann E. Ritchie   TELEPHONE NO. 915 684-6381

(this space *for* State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONITIONS OF APPROVAL, IF ANY: