N920212223243	
Submit 3 Copies To Appropriate District Office	Form C-103
Office District I  Energy Mineral Energy Mineral R	Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL ONSEIS ATTON DIV	30 015 02046
District III 1220 South St. Prancis d	STATE Y FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	CK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC PROPOSALS.)	State 04/ AC /11
1. Type of Well:	8. Well Number
Oil Well X Gas Well Other (Injection)	Well # 68
2. Name of Operator	9. OGRID Number
Melrose Operating Company	184860
3. Address of Operator c/o P.O. Box 953, Midland, TX 79702	10. Pool name or Wildcat Artesia, Queen-Grayburg
4. Well Location	
Unit Letter_D:feet from theNorth_line andfeet from theEastline	
Section 27 Township 18S Range 28E  11. Elevation (Show whether DR, RKB)	NMPM Eddy County
Ti Lievation (Smell)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X ALTERING CASING	
TEMPORARILY ABANDON	MMENCE DRILLING OPNS PLUG AND ABANDONMENT
	SING TEST AND MENT JOB
OTHER:	HER:
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.	
2-26-06: Location cleared, electricity & flowlines ready to hook up pumping unit. 2-27-06: Pumping Unit set. Well put on production to central battery.	
3-6-06: Production Test: 6 bbls oil, 0 bbls water and 3 mcf gas per day.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulatory Agent DATE 8-8 -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)	
APPPROVED BY TITLE	DATE 8/21/06
APPPROVED BYTITLE Conditions of approval if any:	DATE OF CLIDO