Submit 3 Copies To Appropriate Dist	na	State	of New Me	exico		Form C-	
District I		Energy, Miner	als and Natu	ıral Resources		Revised June 10,	2003
1625 N. French Dr., Hobbs, N					WELL API NO		
C1301 W. Grand Ave., Artesia, OIL CONSERVATION DIVISION					30 015 25160		
District III 1220 South St. Francis Dr.					5. Indicate Type		
1000 Rio Brazos Rd., Aztec, 1887419					STATE		_
District IV 1220 S. St. Francis Dr., Santa Fe, NA 87505	1	Sama	i FC, INIVI O	7303	6. State Oil & C	ras Lease No.	
SUNDRY I (DO NOT USE THIS FORM FOR P DIFFERENT RESERVOIR. USE "A	NOTICE ROPOSAL	S AND REPORTS S TO DRILL OR TO S	S ON WELLS DEEPEN OR FL	28 29 3 UG BACK BO A		or Unit Agreement Na	ne
PROPOSALS.)	HILICAI	IONTORTERMIT (/.V	` a\	Conoco 7 State		
1. Type of Well:	Other	(Injection) X	27 25 25 25 25 25 25 25 25 25 25 25 25 25	ELVED 4 CARTESIA 67	8. Well Number Well # 12	Γ	
2. Name of Operator			र्ल हुँ	ARTESIA 6	9. OGRID Nun	ıber	
Melrose Operating Company		,	: ca - vU	- · · · //	184860		
3. Address of Operator			15 OCA	.6/	10. Pool name o	or Wildcat	
c/o P.O. Box 953, Midland, T	X 79702	·	120	1101	Millman-Yates-		
4. Well Location			91911	ग्रहाटी			
Unit Letter_K_:_1	880`_fe	eet from theSon			rom theWest	_line	
Section 7 Towns	hip 19	S Range 2	29E	NMPM Ed	ldy County		
		1. Elevation (Sho)					
A SECURE AND A SECURE OF							
12. Che	ck Apr	propriate Box to	Indicate N	ature of Notice	, Report or Othe	r Data	***************************************
		ENTION TO:			SEQUENT RE		
PERFORM REMEDIAL WOR		PLUG AND ABAND	OON 🗆	REMEDIAL WO		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DE	RILLING OPNS	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		MULTIPLE COMPLETION		CASING TEST A	AND		
OTHER:				OTHER: MIT at	fter frac		
13. Describe proposed or o		1					
						gram of proposed comp	letion
6-30-06: 3000 gals acid job per						350 psi.	
This well was shut-in	as per O	CD due to pressure	es above perm	itted injection pres	ssure. Well is now i	n compliance.	13 14
	_					2101112	.0,47
Chart attached for test	run on 7	-1-06 to 500 psi.	Good test, wit	nessed by OCD.		/0°3	
						350 psi. n compliance.	CEIVED ARTESIA
I hereby certify that the inform	ation abo	ve is true and com	plete to the b	est of my knowled	ge and belief.	15	0
SIGNATURE MINI	Tuh	<u> </u>	-	egulatory Agent	DATE_1	0-23-06_	20
Type or print name Ann E. R	Litchie	, E-mail addr	ess: ann.ritchi	e@wtor.net Te	elephone No. 432 68	34-6381	•
(This space for State use) /					_		
APPPROVED BY	my	Jung	TITLE		d Inspector	DATE 0CT 25	2001
Conditions of approval, if any:	/	7		District II	- Artesia		_



