

Submit 3 Copies
to Appropriate
District Office

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 88240

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-31923
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Artesia Unit
Well No. 91
Pool name or Wildcat Artesia, QN-GB-SA

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Melrose Operating Co.	
Address of Operator PO Box 5061, Midland, TX 79704	
Well Location Unit Letter <u>B</u> <u>90</u> Feet From The <u>North</u> Line and <u>1535</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3673	

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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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Spud 12-1/4" hole on 8/8/01. Drill to 440'. Run 8-5/8" 32# csg & set @ 440'. Cmt w/325 sx CI C cmt. Circ 100 sx. WOC total of 18 hrs.

Drill 7-7/8" hole to TD 3070'. Reached TD 8/14/01. Run 5-1/2", 15.5# csg. Set @ 3068'. Cmt w/400 sx BJ Lite + 300 sx 50/50 POZ C. Circ 130 sx.

Release Rig: 8/17/01.



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

SIGNATURE

Bonnie Atwater

TITLE Regulatory Tech

DATE 09-05-01

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

BAG

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

SEP 7 2001

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: