

+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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 015 01758

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Artesia Unit

8. Well No.

33

9. Pool name or Wildcat

Artesia; QN-GR-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.)

1. Type of Well:

Oil

Well ☒

Gas

Well ☐

OTHER ☐ Injection

2. Name of Operator

Melrose Operating Company

3. Address of Operator

c/o P.O. Box 953, Midland, TX 79702

4. Well Location

Unit Letter N 330 Feet From The South Line and 1630.8 Feet From The West Line

Section 36 Township 17S Range 28E NMPM Eddy 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 Well put back on production ☒

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.

1-30-02: Rigged up, put well back on w/reconditioned pump. Making 7 bbls oil and 35 bbls water, gas TSTM.

2-10-02: Well pumping 1.5 bbls oil per day and 10 bbls water, gas TSTM.

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

SIGNATURE

TITLE

Regulatory Agent

DATE 1-21-03

TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: