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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 01783

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.

34

9. Pool name or Wildcat

Artesia; QN-GR-SA

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 B 330 Feet From The North Line and 2310 Feet From The East Line

Section 2 Township 18S 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.

Copy of prior filing attached.

10-19-01: MIRU, TOH with rod pump parted at pull rod. TOH with tubing, lower joints packed with paraffin. TIH with tubing circulate hole with hot water and paraffin dispersant. TIH w/pump and rods. Hang well on. Good pump action.

10-22-01: Good pump action, rigged down. Producing 2 bbls oil, 9 bbls water, gas TSTM.

Violation Date on "Enforcement Status Report" date is 9-24-01. Well was put back on production to resolve violation.

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