

* 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.

30-015-01783

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 8814

7. Lease Name or Unit Agreement Name

Artesia Unit

8. Well No.

34

9. Pool name or Wildcat

Artesia, Queen-Grayburg-San Andres(03230)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

Oil Well ☒

Gas Well ☐

OTHER

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.)

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.

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 with pup and rods. Hang well on. Good pump action.

10/22/01: Good pump action rig down. Producing 2 bbls oil, 9 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

04-11-02

TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY

DATE

APR 16 2002