

+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 02005

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

Mershon State

8. Well No.

3

9. Pool name or Wildcat

Artesia (Q-G-SA)

SUMMARY 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 Co.

3. Address of Operator

P.O. Box 5061, Midland, TX 79702

4. Well Location

Unit Letter

E

2310

Feet From The

N

Line and

330

Feet From The

W

Line

Section

21

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 Shut-in status ☒

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.

In response to Oil Conservation Division inquiry on status of this well, a mechanical integrity test was performed on 5-22-02, held pressure. Will contact OCD to schedule for testing/witness. Intend to put this well back on injection.

JCD cannot approve shut in status.
Please take the steps discussed
during phone call of 6-4-2002 to
bring well into compliance on or
before 6-10-2002.

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

SIGNATURE

TITLE

Regulatory Agent

DATE

5-28-02

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:

Accepted for record - NMOCD