Submit 3 Copies to Appropriate District Office

## State of New Mexico Enc. , Minerals and Natural Resources Department

DISTRICT

## OIL CONSEDVATION DIVISION

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	ì	2040 Pacheco St.						NO				
F.O. DUX 1300, FIUDOS, NM 08240	•							WELL API NO.				
DISTRICT II		Santa Fe, NM 87505						30-015-02550  sIndicate Type of Lease  STATE FEE				
P.O. Drawer DD, Artesia, NM 882	10											
DISTRICT III												
1000 Rio Brazos Rd., Aztec, NM 87410							State Oil 8	k Gas Lea	se No.			
SIIND	2V NOTIC	ES AND DED	DETS ON	\ <u>\</u>	103.82	*						
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.)								/Lease Name or Unit Agreement Name				
								Artesia Unit				
	(FORM C-10	J1) FOR SUCH PR	COPOSALS.)	) ——–		<del></del>	Aicola	Jille				
Type of Well: OIL GAS												
	ELL		OTHER WIV	<u>v</u>		-	8Well No.			<del></del>		
Name of Operator Melrose Operating Co.								61				
Address of Operator								∘Pool name or Wildcat				
PO Box 5061, Midland, TX 79704								Artesia QN-GB-SA				
4Well Location	000		2 "			2010						
Unit Letter O :	660 <sub>F</sub>	eet From The	South		Line and	2310	Feet F	rom The	East	Line	<b>3</b>	
Section	3	Township	18S	-	Janua	28E	NMPM		Eddy	County		
300,001					Range RKB, RT, GR, etc		NIVIPIVI		Ludy	County		
						,						
11 C	heck App	ropriate Box t	to Indicat	e Na	iture of Not	ice Rer	oort or (	Other [	Jata			
		ENTION TO:			1	•	•			г.		
NOTICE	OF INTI	ENTION TO.			}	2083	SEQUE	NI KE	PORT O	Γ.		
PERFORM REMEDIAL WORK PLUG AND ABANDON					REMEDIAL WO	- WORK ALTERING CASING						
TEMPORARILY ABANDON	[]	CHANGE PLA	NS		COMMENCE D	RILLING O	PNS.		PLUG AND A	NBANDONME	NT X	
PULL OR ALTER CASING				\	CASING TEST	AND CEME	NT IOR				Z	
CASING TEST AND C						AND OLIVIE		L i				
OTHER:					OTHER:							
12Describe Proposed or Complete	d Operations (	Clearly state all pertii	nent details, ar	nd give	pertinent dates, i	ncluding es	timated date	of starting	any proposed			
work) SEE RULE 1103.	• ,	,		ŭ	,	Ü			,,,			
6/23/00 -												
Notify OCD. Move equip to	o loc. MI & I	RU. ND wellhead	J. NU BOP.	Unse	et pkr. POH. R	IH & set (	CIBP @ 2	300'. RII	H w/tbg, Loa	d hole w/10	)#	
mud. Spot 25 sx @ 2300'.												
6/26/00 -												
RIH & tag @ 1380'. POH.	RIH & perf	@ 595'. RIH w/p	okr to315'. \$	Saz 11	00 sx. SI @ 25	50#. WO	C for 4 hrs	per OC	D. POH & sr	oot 10 sx @	30'	
to surf. RD. Cut off wellhed				•	O			•	·	Ŭ		
Install dry hole marker.												
matan dry note marker.												
I hereby certify that the information	on above is/tru	e and complete to the	e hest of my k	nowled	lge and helief							
Q		<del></del>	e sest or my k			<b>-</b> .						
SIGNATURE	ue C	llusal	7V	TIT	LE Regulator	y lech.			DATE 07	-20-00		
TYPE OR PRINT NAME Bonnie A	Atwater								TELEPHONE NO	915/685-1	1761	
	/			<del></del> -	<del></del>				FELEFHONE NO			
(This space for State Use)	A				1-	$\bigcap$						
1/11/	if te	ey-			1121	, Ve	n T		(	7-26-	00	