

Submit 3 Copies To Appropriate District Office

State of New Mexico

Form C-103

District I

Energy, Minerals and Natural Resources

Revised March 25, 1999

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30 025 08665

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
Cone Jalmat Yates Pool Unit

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 \_\_\_\_\_

2. Name of Operator  
Melrose Operating Company

8. Well No.  
# 703

3. Address of Operator  
c/o P.O. Box 953, Midland, TX 79702

9. Pool name or Wildcat  
Jalmat (Tansill, Yates, Seven Rivers)

4. Well Location  
Unit Letter G 1980 feet from the North line and 1650 feet from the East line  
Section 25 Township 22S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT GR, etc.)  
3562 DF

I 1. 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  MULTIPLE COMPLETION
- OTHER:

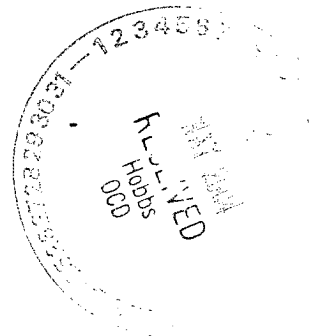
SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING
- COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT
- CASING TEST AND CEMENTJOB
- OTHER:

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

4/15/04 RU Inspected tbg clean well out, RU rods & tbg. Well back on production.

Test: 5 BO 82 BW 2 MCF



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

SIGNATURE [Signature] TITLE Regulatory Agent DATE 5/5/04

Type or print name Ann E. Ritchie Telephone No. 432 684-6381

(This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE MAY 14 2004

Conditions of approval, if any: