

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

<b>RECEIVED</b> <b>MAR 18 2010</b> <b>HOBBSOCD</b>		WELL API NO. 30-025-08645	
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
		6. State Oil & Gas Lease No. Prop#25203	
		7. Lease Name or Unit Agreement Name CONE JALMAT YATES POOL UNIT	
8. Well Number 303		9. OGRID Number 184860	
10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives			
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well			
2. Name of Operator MELROSE OPERATING CO			
3. Address of Operator 20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077			
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u>			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3576' GL			

12. 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 COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

OTHER: **INJECTION MIT** **X**

13. 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 recompletion.

Performed Injection MIT, 3/12/2010, 400#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart

Spud Date:

Rig Release Date:

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

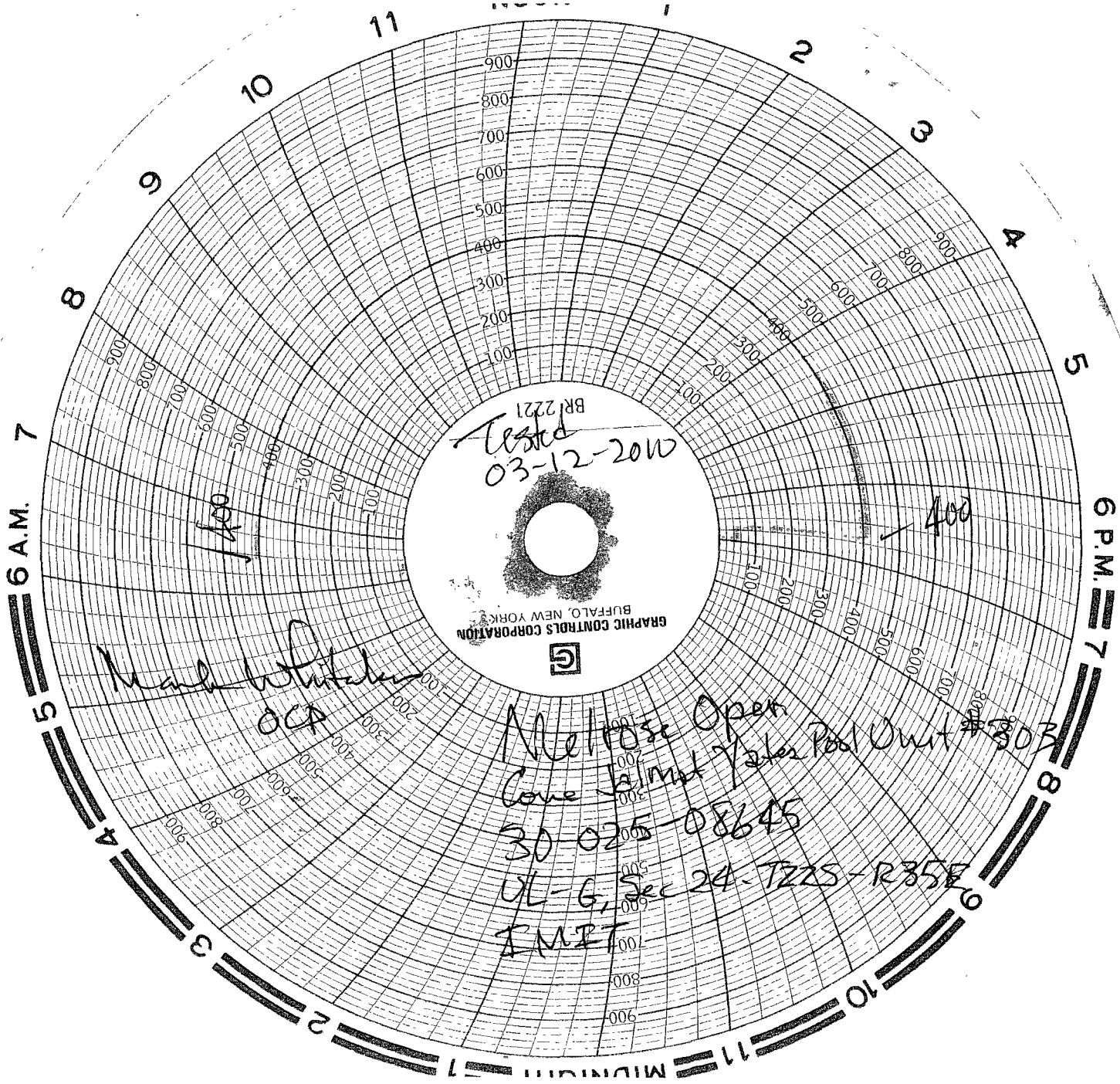
SIGNATURE \_\_\_\_\_ TITLE Forman DATE 3/12/09

Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666

**For State Use Only**

APPROVED BY [Signature] TITLE STATE MGR DATE 5-5-10

Conditions of Approval (if any):



Tested  
03-12-2010

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK



Handwritten notes: *Handwritten notes*  
OCP

Metrose Open  
Cone Jctmt Yates Pool Unit #303  
30-025-08645  
UL-6, Sec 24-T225-R35E  
EMIT