

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

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|--|--|
| WELL API NO.                                       | 30-015-01956   |
| 5. Indicate Type of Lease                          | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                       |  |
| 7. Lease Name or Unit Agreement Name               | Humble State   |
| 8. Well No.  | 01   |
| 9. Pool name or Wildcat                            | Artesia (QN-GR-SA)   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |  |

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|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER <input type="checkbox"/>  |  |
| 2. Name of Operator<br>Melrose Operating Company   |  |
| 3. Address of Operator<br>c/o P.O. Box 953, Midland, TX, 79702   |  |
| 4. Well Location<br>Unit Letter <u>H</u> <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line<br>Section <u>20</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)   |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                              |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                      |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>                         |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>                   |
|   | OTHER <input checked="" type="checkbox"/> 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.

02/13/03:

TIH w/ pump and rods. Hang well on.  
Well put back on production.  
Well pumping 1 bbls. oil, 20 water.

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

SIGNATURE Amber D. Fraley TITLE Regulatory Agent DATE 03/20/03

TYPE OR PRINT NAME Amber D. Fraley TELEPHONE NO. 915-684-6381

(this space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_