

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

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

FEB - 2 2009

Form C-103  
May 27, 2004

WELL API NO. 30 015 01888	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No	
7. Lease Name or Unit Agreement Name Humble State	
8. Well Number 1	
9. OGRID Number 184860	
10. Pool name or Wildcat Artesia; Queen-Gray-SA	
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Melrose Operating Company	
3. Address of Operator 1000 W. Wilshire Blvd., Suite 223, Oklahoma City, OK 73116	
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>16</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3279' GR</u>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls: Construction Material _____	

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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☒  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

12-29-08: Moved in plugging unit. Install wellhead, nipple up BOP. SION.

12-30-08: TIH w/workstring. Tag plug @ 2205'. Pumped 40 sx cement on CIBP. TOH. Rigged up wireline TIH to 575' & shot 4 squeeze holes. TOH wireline. RIH w/packer & set @ 253'. OCD permission to pump 100 sx cement & squeeze. SION.

12-31-08: Tagged cement plug @ 340'. OCD approved TO w/work string, TIH w/wireline & shot squeeze holes @ 60'. Ran in hole w/packer, tied onto 8 5/8" casing, pumped down 8 5/8" 19 bbls to load, tie onto tubing. Pumped 100 sx CI C cement down tubing, displaced 1 bbl, shut in.

1-2-09: TIH w/tubing, didn't tag plug @ 60'. Tagged @ 340'. TIH & set packer @ 25', mixed 100 sx cement displace 1 bbl down tubing. WOC 4 hrs. TIH w/wireline & didn't tag. Pumped down 5 1/2" casing, broke circulation out 8 5/8" and pumped 45 sx CI C cement, circulated 6 sx out 8 5/8" casing. Squeezed 300 psi, shut in.

1-3-09: Opened valve on casing, removed valve, cement @ 20', topped casing off w/cement to surface.

Location will be rolled, leveled and re-seeded. Dry hole marker installed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines X, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 1-21-09

Type or print name: Ann E. Ritchie

E-mail address: ann.wtor@gmail.com

Telephone No. 432 684-6381

For State Use Only

Accepted for record

APPROVED BY: \_\_\_\_\_ NMOC D TITLE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

DATE 2/3/09