

Submit 3 Copies To Appropriate District
Office
District I
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

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

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|---|
| WELL API NO. 30 <u>05</u> 10084 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 647 |
| 7. Lease Name or Unit Agreement Name: State 647 ACC 721 |
| 8. Well No. 199 |
| 9. Pool name or Wildcat Artesia Queen-Grayburg-San Andres |

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 RECEIVED
2. Name of Operator
Melrose Operating Company
3. Address of Operator
c/o P.O. Box 953, Midland, TX 79702
APR 21 2004
OBB-ARTESIA

4. Well Location
Unit Letter J 1980 feet from the South line and 1980 feet from the East line
Section 33 Township 18S Range 28E NMPM Eddy County
10. Elevation (Show whether DR, RKB, RT GR, etc.)
3541'

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 recompletion.

3/11/04 MIRU TOH w/rods and pump nipple down wellhead TOH w/tbg SION
3/12/04 RU hydra tester, TIH testing tbg @ 5000 psi replace 3 joints 2 3/8" tbg, RD tbg tstrsTIH did not tag fill TOH, PUMA, SN TIH w/tbg, nipple up wellhead, TIH w/ replacement pump. Well back on production.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 4-20-04

Type or print name Ann E. Ritchie Telephone No. 432 684-6381
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

Accepted for record - NMED