Submit 3 Copies To Appropriate D	istrict	State o	of New Me	exico		Form (C-103
Office District I	J	Energy, Minera	ls and Natu	ıral Resources	r	Revised March 2:	5, 1999
1625 N. French Dr., Hobbs, NM 87240 District 11 OH. CONJECTIVA TION DIVISION					WELL API NO. 30 015 33285		
81 1 South First, Artesia, NM 872 1 0 District III 1220 S. St. Francis Dr.					5. Indicate Type of	of Lease	
I 000 Rio Brazos Rd., Aztec, NM 8741 0					STATE C	FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	1 87505	Заніа	re, ivivi o	7303	6. State Oil & Ga	as Lease No.	
,		ND REPORTS		LIG DAOK TO A	7. Lease Name or	Unit Agreement N	Jame:
(DO NOT USE THIS FORM FOR DIFFERENT RESERVOIR. USE "							
PROPOSALS.)		·	•	RECEIVED			
1. Type of Well: Oil Well Gas W	eli 🔲	Other		ADD O O OO	Artesia Unit		
2. Name of Operator	<u> </u>				8. Well No.		
Melrose Operating Company		· · · · · · · · · · · · · · · · · · ·	6	DED-ARTESIA			
3. Address of Operator	V 70700				9. Pool name or V		
c/o P.O. Box 953, Midland, T2 4. Well Location	X /9/02				Artesia, Queen-Grayl	ourg-San Andres (032	230)
4. Well Location							
Unit Letter <u>M</u>	481'	feet from th	e South	line and <u>994'</u>	feet from	m the West	line
Section 35		Township 1		inge 28E	NMPM Eddy	County	
	10. 3668'		whether D	R, RKB, RT GR, etc.)		
I 1. Che	eck Appro	priate Box to	Indicate N	ature of Notice, I	Report or Other	Data	prigose. veg
NOTICE O		TION TO:		SUBS	SEQUENT REI	PORT OF:	
PERFORM REMEDIAL WOR	K 🗌 PLU	IG AND ABANDO	ON 🔲	REMEDIAL WORK		ALTERING CASI	NG 🔲
TEMPORARILY ABANDON	CHA	ANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	- 🗀
PULL OR ALTER CASING		TIPLE MPLETION		CASING TEST AN CEMENTJOB	D 🗆	ABANDONMENT	
OTHER:				OTHER: Spud, ca	sing & TD		
12. Describe proposed or cor of starting any proposed or recompilation.							
3-29-04: Rigged up and sput with 300 sx Cl C 2% CaCl. (4-5-04: Circulate hole, total 2% CaCl - circulated 23 sx t	Circulated 56 depth of 315	6 sx to pit. Pressu 66'. Ran 5 1/2", 17	ire to 1000#. 7#, J-55 casii	WOC.		•	
						-	
I hereby certify that the information	mation abov	is true and com	plete to the	best of my knowledg	ge and belief.		
SIGNATURE Muf	Tukk	<u> </u>	TITLER	egulatory Agent		DATE4-19-04	
Type or print name Ann E. R	itchie				Telep	hone No. 432 684-	6381
(This space for State use)						- -	
APPPROVED BY		CORDS ON	LY title			APR & _DATE	7 200
Conditions of approval, if any	r:						