+Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM S8240

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

WELL API NO. 30-015-01880

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil& Gas Lease No. 1286

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.)

7. Lease Name or Unit Agreement Name: State E 1286

1. Type of Well: Oil Well [X] Gas Well [ ] OTHER

2. Name of Operator: Melrose Operating Co.

8. Well No. 126

3. Address of Operator: c/o P.O. Box 953, Midland, Texas 79702

9. Pool name or Wildcat: Artesia-QN-GR-SA

4. Well Location

Unit Letter D 660 Feet From The North Line and 660 Feet From The West Line

Section 15 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show *whether DF, RKB, RT, GR, etc.*)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER Casing Integrity Test - Well T/A	[X]		

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.

As required by New Mexico Oil Conservation Division, the State E 1286, Well #126 was tested to 500 psi on 10-19-04. This well is in temporary abandonment status.

Chart Attached.

Temporary Abandoned Status approved until 10-19-09

RECEIVED
NOV 1 1 2004
OCD-ARTESIA

4th TA CIBP @ 2200'

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

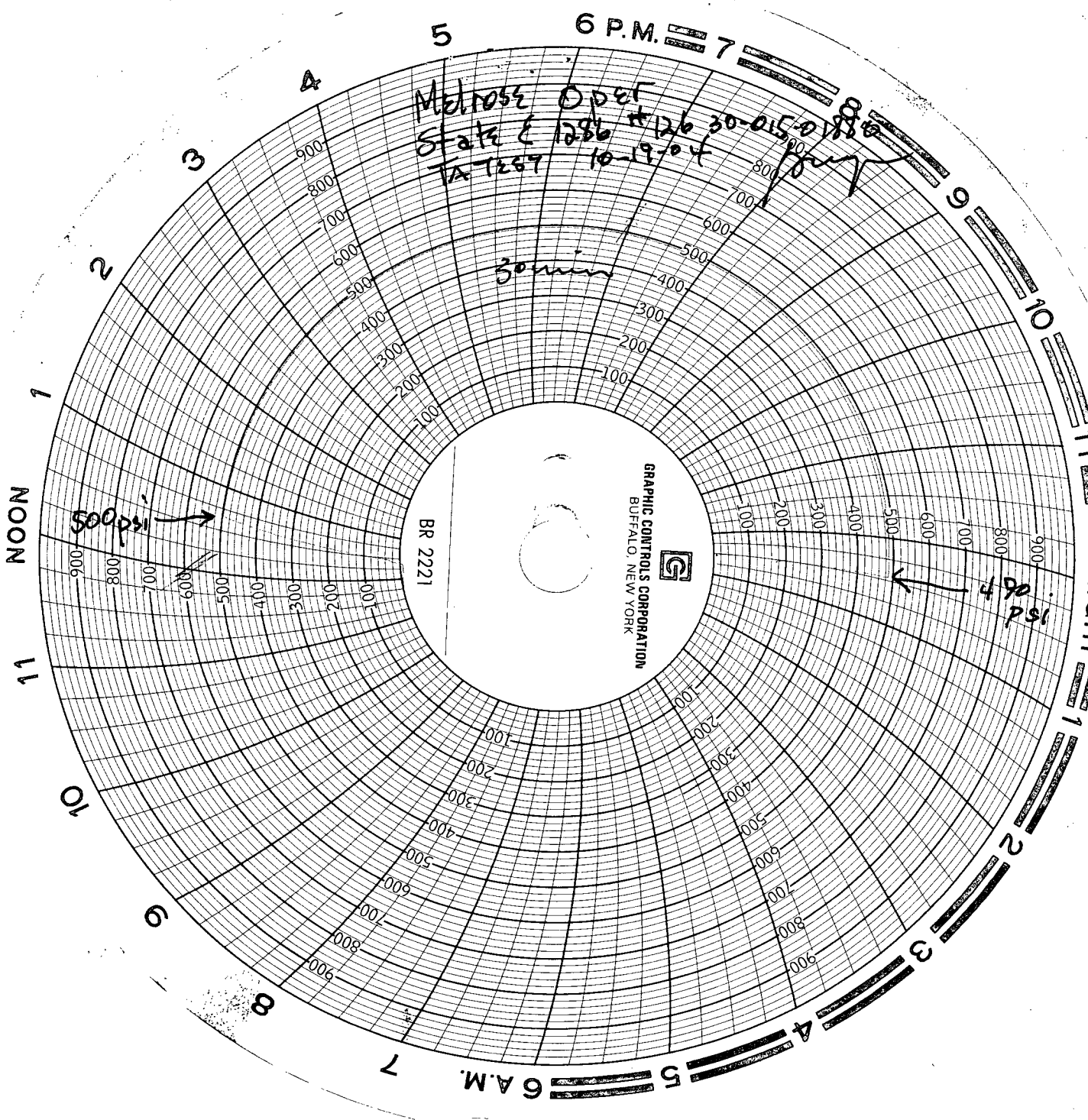
SIGNATURE [signature] TITLE Regulatory Agent DATE 11-3-04

TYPE OR PRINT NAME Ann E. Ritchie (432) TELEPHONE NO. 684-6381

(this space *for* State Use)

APPROVED BY [signature] TITLE Field Rep II DATE DEC 1 2004

CONITIONS OF APPROVAL, IF ANY:


Meltrose Oper
State E 1286 #126 30-015-01886
TA-7287 10-19-04
30 min
500 psi
490 psi
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
6 P.M.
MIDNIGHT
NOON
6 A.M.