

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

1006 Rio Brizos 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

Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30 015 02055
1. Type of Well: Oil Well Gas Well Other (Injection) X		5. Indicate Type of Lease STATE X FEE ☐
2. Name of Operator Melrose Operating Company		6. State Oil & Gas Lease No.
3. Address of Operator c/o P.O. Box 953, Midland, TX 79702		7. Lease Name or Unit Agreement Name State 647 Acct 711
4. Well Location Unit Letter K : 2310' feet from the South line and 1650' feet from the West line Section 27 Township 18S Range 28E NMPM Eddy County		8. Well Number Well # 89
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3652'		9. OGRID Number 184860
		10. Pool name or Wildcat Artesia (Queca, Gray, SA)

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB

OTHER: Casing Integrity Test X

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.

2-1-06: Ran Casing Integrity test to 680# held for 30 + minutes okay.

Chart attached.

Injection Authority

Denied - Reference NMOCD

Rule 19.15.9.704.A(5)

Contact OCD to reschedule test.

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

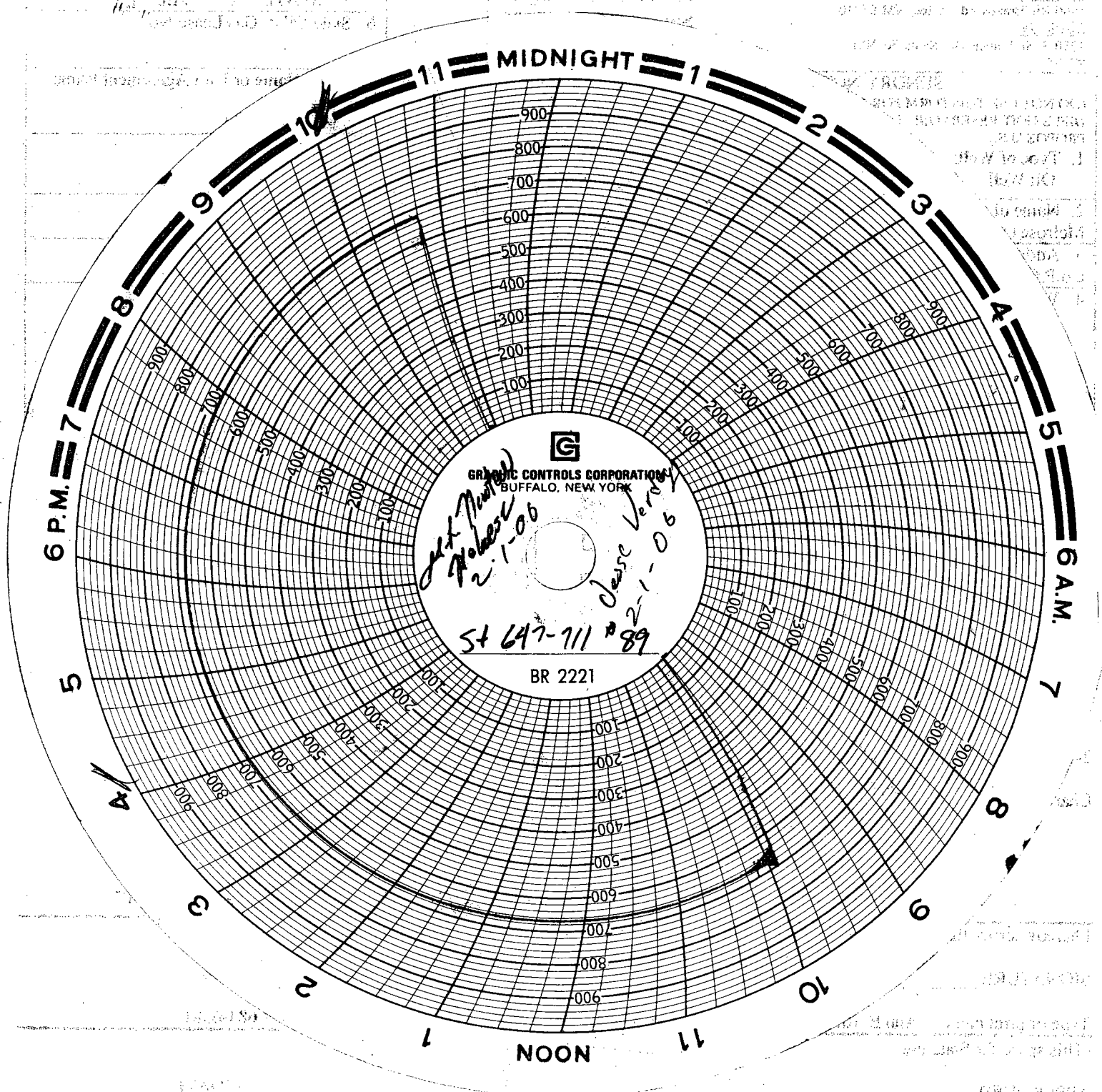
SIGNATURE [Signature] TITLE Regulatory Agent DATE 3-9-06

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No. 432 684-6381

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

54 647-711 #89

BR 2221

J. H. [unclear]
2-1-06

Jesse Verdy
2-1-06