

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

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 25160
1. Type of Well: Oil Well Gas Well Other (Injection) X		5. Indicate Type of Lease STATE X FEE <input type="checkbox"/>
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 Conoco 7 State
4. Well Location Unit Letter <u>K</u> 1880' feet from the <u>South</u> line and 1980' feet from the <u>West</u> line Section <u>7</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number Well # 12
11. Elevation (Show whether DR, RKB, RT, GR, etc.):		9. OGRID Number 184860
		10. Pool name or Wildcat Millman-Yates-7 Rivers

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: MIT Test ☒

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.

7-7-06: Casing Integrity Test performed, OCD notified. Pressured up to 500 psi, approximate 10% drop off over 30 minutes due to top of wellhead leak. Will repair.

Gary Newton advised new C-103 to be submitted addressing reason for well failure.

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 7-18-06

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 [Signature] TITLE Accepted for record DATE AUG 4 2006
Conditions of approval, if any: NMOCD

30-015-25160

