Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minera	ils and Nati	iral Resources	WELL API NO.	May 27, 2004
District II	OIL CONSEI	RWATION	DIVISION	30 015 24930	
1301 W. Grand Ave., Artesia, NM 88210 District III		ith St. Fra		5 Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410		Fe, NM 8		STATE	FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa	1 0, 14141 0	7505 S	6. State Oil & Ga L 1022	s Lease No.
	CES AND REPORTS	ON WELLS	5	7. Lease Name or	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSITION OF THE PROP				Guajalote State	-
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well Other			8. Well Number	2
2. Name of Operator				9 OGRID Numb	er 184860
Melrose Operating Company		$-\mu\mu - 7$	7 2008		
3. Address of Operator	70703		TEGIA	10. Pool name or	
c/o P.O. Box 953, Midland, TX	79702 ————————————————————————————————————	OCD-AF	(IESIA	SWD; Queen-Gr	ayburg
4. Well Location					
Unit LetterO_:660					_line
Section 5 Towns			NMPM		A CAN DESCRIPTION OF THE RESERVE TO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 'GR					
Pit or Below-grade Tank Application □ or Closure □					
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material					
12. Check A	Appropriate Box to	Indicate N	lature of Notice,	Report or Other	Data
NOTICE OF IN	TENTION TO		SHR	SEQUENT REI	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	NC	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		I .		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	T JOB	
		—			
OTHER:			OTHER: MIT	lest	
13. Describe proposed or comp	leted operations. (Clea	arly state all	pertinent details, and	d give pertinent date	es, including estimated date
of starting any proposed wo					
or recompletion.					
4-14-08: I & W performed a MI	T test on casing to 500	psi, held for	r 30 minutes. Test w	itnessed by Richard	Inge with Oil
Conscivation Division. Well put back on injection:	as per Administrative (Order SWD-	1131 dated June 23.	2008 which reinstat	ted the injection authority
for this well.	F				
I hereby certify that the information grade tank has been/will be constructed or	aboye is true and comp	olete to the b CD guidelines 2	est of my knowledge K , a general permit []	e and belief. I furthe or an (attached) alterna	r certify that any pit or below- tive OCD-approved plan .
SIGNATURE		TITI E	Dagulatamy Agant	DAT	TE 7.2.00
SIGNATURE ////	« clany	111LE	_Regulatory Agent_	DAI	TE7-3-08
Type or print name: Ann E. Ritchie For State Use Only	E-mail address: and	n.ritchie@w	tor.net Tele	ephone No.432 684-	6381
ADDROVED BY TO ALL A	1000	- A	000000000000000000000000000000000000000	000	The Halae
APPROVED BY: Reutho Conditions of Approval (if any):	1 Naë	TITLE_(ompunace	Upricer	DATE 7/9/08