

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 88240

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.
30-015-01709

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B 11538

7. Lease Name or Unit Agreement Name
Artesia Unit

8. Well No.
27

9. Pool name or Wildcat
Artesia, Queen-Grayburg-San Andres(03230)

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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ OTHER ☐

2. Name of Operator
Melrose Operating Company /

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

4. Well Location
Unit Letter P 705 Feet From The South Line and 505 Feet From The East Line
Section 34W Township 17S 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:

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 Well put back on production. ☒

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.

3/15/02: Disconnect pump jack. Move jack and reset with fence line.

3/18/02: Backhoe to level work area. MIRU nipple down wellhead. TOH with pump and rods. TIH testing tubing 3,000 psi. TIH with reconditioned pump and rods.

3/19/02: Build jack pad with backhoe and gravel. Rewire motor pumping, good pumping action.

3/21/02: Summary: Final report. Test 17 water, 1.5 oil.

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

SIGNATURE  TITLE Regulatory Agent DATE 04-11-02

TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY  TITLE DATE

CONDITIONS OF APPROVAL, IF ANY

APR 16 2002