+Submit 3 Copies to Appropriate District Office	State of New Me Energy, Minerals and Natural Re	sources Department	Form C 103 Revised 1-1-89
<u>DISTRICT</u> I P.O. Box 1980, Hobbs, NM S8240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30 015 01742
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil& Gas Lease No.
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
1. Type of Well: Oil Gas Well Well	OTHER Injection	Artesia Unit	
2. Name of Operator Melrose Operating Company			8. Well No. 29
3. Address of Operator c/o P.O. Box 953, Midland, TX 79702 915 684-6381			9. Pool name or Wildcat Artesia, Queen-Grayburg-San Andres (03230)
4. Well Location Unit Letter <u>N</u> 990	Feet From The South	Line and16	650 Feet From The West Line
Section 35	1 1/5	nge 28E	NMPM Eddy County
///////////////////////////////////////	10. Elevation (Show whether	DF, RKB. RT, GR, etc.)	///////////////////////////////////////
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING			
OTHER:		OTHER MIT	2

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.

8-8-01: As per Administrative Order #WFX-768 the Oil Conservation Division was notified and witnessed a MIT test on the Artesia Unit, Well #29. The well was pressure tested to 300 psi and held for 30 minutes. The chart was kept by Gary Guy with the Oil Conservation Division.



DATE -

to the best of my knowledge and belief. I hereby certify that the information/ 7-26-01 **Regulatory Agent** U TITLE DATE SIGNATURE TELEPHONE NO. 915 684-6381 TYPE OR PRINT NAME Ann E. Ritchie TITLE Compliance Officer (this space for State 10-22-01

APPROVED BY

CONITIONS OF APPROVAL, IF ANY:



Could Not identify leak. Place on mentify leak. Place yr. form