Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District 11	OH CONGERNATION DIVIGION			30 025 08662	
81 1 South First, Artesia, NM 872 1 0 District I I I	OIL CONSERVATION DIVISION 1220 S. St. Francis Dr.			5. Indicate Type of Lease	
I 000 Rio Brazos Rd., Aztec, NM 8741 0	Santa Fe, NM 87505			STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	•			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:	
(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.)				Cone Jalmat Yate	s Pool Unit
1. Type of Well: Oil Well					
2. Name of Operator				8. Well No.	
Melrose Operating Company				# 904	
3. Address of Operator				9. Pool name or Wildcat	
c/o P.O. Box 953, Midland, TX 79702 4. Well Location				Jalmat (Tansill, Yates, Seven Rivers)	
4. Well Location					
Unit Letter O 990 feet from the South line and 1650 feet from the East line					
Section 25	Township	22S Ra	inge 35E	NMPM Lea	County
Section 25 Township 22S Range 35E NMPM Lea County 10. Elevation (Show whether DR, RKB, RT GR, etc.)					
3556 GR					
	ppropriate Box to I	ndicate N			
NOTICE OF IN		🗖		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N [_]	REMEDIAL WOR	к 🔀	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	ND 🔲	
	COMPLETION		CEMENTJOB		
OTHER:			OTHER:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	
12. Describe proposed or complete					
of starting any proposed work) or recompilation.). SEE RULE 1103. FO	r Multiple C	ompletions: Attact	i welloore diagraili	of proposed completion
·					
4/13/04 RU Inspected tbg clean well out, RU rods & tbg. Well back on production.					
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Test: U BO 30	<u>ħ</u> BM	MCF			123455780 -
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Mid	Toleto	TITLER	egulatory Agent		DATE 5/5/04
Type or print name Ann E. Ritchie			MCCERTAINS INS	HAFF MANAGERE	phone No. 432 684-6381
(This space for State use)	, , Voc	FIELD REF	RESENTATIVE 11/2	-	
APPPROVED BY Hay	w.Wink	LTITLE_			_date1 4 2004.
Conditions of approval, if any:	1				