

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
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 S. St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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| 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. 30 025 33058 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other _____ | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> 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: Cone Jalmat Yates Pool Unit |
| 4. Well Location Unit Letter <u>I</u> <u>2575</u> feet from the <u>South</u> line and <u>1310</u> feet from the <u>East</u> line Section <u>24</u> Township <u>22S</u> Range <u>35E</u> NMPM Lea County | | 8. Well No. # 638 |
| 10. Elevation (Show whether DR, RKB, RT GR, etc.) 3576 GR | | 9. Pool name or Wildcat Jalmat (Tansill, Yates, Seven Rivers) |

I 1. 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: ☐

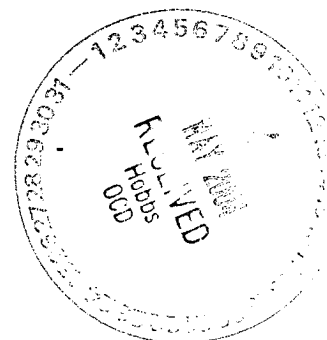
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENTJOB ☐
OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/11/04 RU Inspected tbg clean well out, RU rods & tbg. Well back on production.

Test: 10 BO 99 BW 10 MCF



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 5/5/04

Type or print name Ann E. Ritchie Telephone No. 432 684-6381

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER MAY 14 2004

APPROVED BY [Signature] TITLE _____ DATE _____

Conditions of approval, if any: