

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

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 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

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 03197
1. Type of Well: Oil Well Gas Well Other Injection X		5. Indicate Type of Lease STATE X FEE
2. Name of Operator: Melrose Operating Company		6. State Oil & Gas Lease No. E-5837
3. Address of Operator: c/o P.O. Box 953 Midland, TX 79702		7. Lease Name or Unit Agreement Name Northeast Pearl Queen Unit
4. Well Location Unit Letter <u>B</u> : 330 feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>23</u> Township <u>19S</u> Range <u>35E</u> NMPM Lea County		8. Well Number: 8
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3793'		9. OGRID Number: 184860
10. Pool name or Wildcat Pearl Queen		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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 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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Casing Integrity Test

13. 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.

7-6-05: Hooked up and ran 30 minute casing integrity test to 540#. Held good throughout test. NMOCD notified of test 48 hours prior to test. Chart attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 9-22-05

Type or print name: Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No. (432) 684-6381

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APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE OCT 03 2005
Conditions of Approval (if any):

