

Submit 3 Copies To Appropriate District
Office
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

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30 025 03198
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well:
Oil Well Gas Well Other (Injection) ☒

7. Lease Name or Unit Agreement Name

Northeast Pearl Queen Unit

8. Well Number
Well # 014

2. Name of Operator
Melrose Operating Company

9. OGRID Number
184860

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

10. Pool name or Wildcat
Pearl Queen

4. Well Location

Unit Letter G 1980' feet from the North line and 2310' feet from the East line

Section 23 Township 19S Range 35E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.):

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING ☐

COMMENCE DRILLING OPNS PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB

OTHER: ☐

1-123456
RECEIVED
OCT 31 2006

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.

Intend to rig up November 7, 2006, run 2 7/8" liner to total depth to repair casing leak, cement to surface and return to injection.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 10-26-06

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

APPROVED BY Gregory W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER
Conditions of approval, if any _____ DATE _____

OCT 31 2006