Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30 025 08610
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe. NM 87505	•	
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Cone Jalmat Yates Pool
PROPOSALS.)	CATION TOR TERMIT (TORM C-101) TOR BOOK	8. Well Number 111
1. Type of Well: Oil Well X	Gas Well Other	
2. Name of Operator		9. OGRID Number 184860
Melrose Operating Company		10 Pool name or Wildcat
3 Address of Operator c/o P.O. Box 953, Midland, TX	79702	Jalmat: Tansil Yates 7 Rivers
4. Well Location	. 17102	Statistic Titles / Titles
Unit Letter P: 660 feet from the North 5 line and 660 feet from the West E line		
Section 13	Township 22S Range 35E	NMPM Lea County
Section 13	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	11. De duon parter memor 121, 1112, 111, CI,	
Pit or Below-grade Tank Application or Closure		
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; C	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check repropriate Box to indicate intended, report of other batter		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	-
TEMPORARILY ABANDON DULL OR ALTER CASING	\equiv \downarrow	RILLING OPNS PAND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEI	NI JOB
OTHER:	OTHER: N	AIT 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.		
or recompletion.		
Casing Integrity Test run on March 25, 2008 at 8:30 am, witnessed by Sylvia Dickey with NMOCD.		
Pressure tested to 360 psi and held for 15 minutes. Chart taken to OCD office by representative.		
Tessure tested to 500 psi and neith for 15 himdres. Chart taken to 000 office by representative.		
		MAR 3 1 2008
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		HORRSOCI
I hereby certify that the information	shove is true and complete to the best of my knowled	ge and helief. I further continue that any pit on helow
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 of closed according to NMOCD guidelines X, a general permit or an (attached) alternative OCD-approved plan.		
110		
SIGNATURE Mile	TITLE Regulatory Agent	DATE_3-27-08
Type or print name: Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No.432 684-6381		
For State Use Only	L-man autress. ann.meme@wtor.net	icpiiolic 140.432 004-0301
		APRORZONA
APPROVED BY:	TITLE GENOGIST	APR 0 8 2008
Conditions of Approval (if any):		