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State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

DISTRICT I

District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM S8240 P.O. Box 2088 30 025 36430 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT III 6. State Oil& Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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.) 1. Type of Well: Oil Well M Well Jalmat Field Yates Sand Unit 2. Name of Operator 8. Well No. **Melrose Operating Company** 3. Address of Operator 9. Pool name or Wildcat c/o P.O. Box 953, , Midland, TX, 79702 Jalmat, (Tansill, Yates, Seven Rivers) 4. Well Location 1300 South 1330 Unit Letter Feet From The West Line and Feet From The Line Section 11 Township NMPM **22S** Range County 35E Lea 10. Elevation (Show whether DF, RKB. RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: **PLUG AND ABANDON** PERFORM REMEDIAL WORK REMEDIAL WORK **ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING CASING TEST AND CEMENT JOB** OTHERSpud, TD, casing 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. 10-10-03: Well spudded, drilling 12 1/4" hole. Ran 395' 8 5/8", 24# casing. Cemented with 375 sx Cl P+2%CaCl. Circulated 50 sx to pit. Pressured up 1000#-held. WOC. 10-17-03: Reached TD of 4200'. Ran 5 1/2", 15.5# casing to 4186', cemented with 400 sx C-SBM (II.9/2.407) and 350 sx Cl P + 3% Hal-322 (14.8/1.325). Circulated 32 sx. Float Held. NU wellhead. Released Rig. WOC.

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| I hereby certify that the information above is true and complete to the best of my | y knowledge and belief. TITLE Regulatory Agent | | 10-30-03 |
| TYPE OR PRINT NAME AND E. Ritchie | THE | TELEPHONE | NO. 432 684-638 |

96 FIELD REPRESENTATIVE II/STAFF MANAGER