

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

FEB 10 2009

HOBBSOCD

WELL API NO. 30-025-36978	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. Prop#25191	
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT	✓
8. Well Number 213	✓
9. OGRID Number 184860	✓
10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives	✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3583' GL	

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 ☐ Water Injection Well ☐ OK

2. Name of Operator

MELROSE OPERATING CO

3. Address of Operator

1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116

4. Well Location

Unit Letter M : 10 feet from the SOUTH line and 330 feet from the WEST lineSection 14 Township 22S Range 35E NMPM County LEA

## 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 ☐  
 DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

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

OTHER:

X

OTHER:

☐

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.

Melrose will performing MIT Test on Jalmat #213 WIW on Wednesday, February 11<sup>th</sup>, 2009, at 9:00 AM MST

Spud Date:

Rig Release Date:

WFX-821

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

SIGNATURE

Cam Robbins

TITLE Forman

DATE 2/6/09

Type or print name Cam Robbins

E-mail address: maximum@valornet.co

PHONE: 575-390-4666

For State Use Only

APPROVED BY:

Cam Robbins

TITLE

DISTRICT 1 SUPERVISOR

DATE

FEB 11 2009

Conditions of Approval (if any):