Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 882400 C	ergy, Minerals and Natural Resources	June 19, 2008
District II		WELL API NO. 30-025-38874
1301 W. Grand Ave. Artesia NM 88210 OI	L CONSERVATION DIVISION	5. Indicate Type of Lease
	00\$220 South St. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM- 87505		Prop#25191
SUNDRY NOTICES ANI	D 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		JALMAT FIELD YATES SAND UNIT
PROPOSALS) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well		8. Well Number 195
2. Name of Operator MELROSE OPERATING CO		9. OGRID Number
3. Address of Operator		184860 / 10. Pool name or Wildcat
1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116		Jalmat, Yates, Tansell, 7-Rives
4. Well Location		
Unit Letter H : _1970	feet from theNORTH line and4	48feet from theEASTline
Section 14	Township 22S Range 35E	NMPM County LEA
11. Elev	vation (Show whether DR, RKB, RT, GR, etc. 3584' GL	
12. Check Appropri	ate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON CHANG	E PLANS 🔲 COMMENCE DR	ILLING OPNS. P AND A
	PLE COMPL CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	X OTHER:	П
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 #195 WIW on Wednesday, February 11 th , 2009, at 8:30 AM MST		
The state of the s		
Spud Date:	Rig Release Date:	
		<u>wfx-841</u>
I hereby certify that the information above is tr	ue and complete to the best of my knowledg	e and belief.
SIGNATURE (amplible	TITLE Forman	DATE 2/6/09
		DITIDZIUIU7
Type or print nameCam Robbins E-mail address:maximum@valornet.co PHONE: 575-390-4666		
For State Use Only		
APPROVED BY:	TITLE DISTRICT 1 SUPE	EDVICES DATE FEB 1 1 2009
Conditions of Approval (if arry):	IIILE	RVISOR DATE ILD 1 1 2007