Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	30-023-36920
		5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe; NM 87505		Prop#25191
l	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION		JALMAT FIELD YATES SAND UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well		8. Well Number 233
2. Name of Operator	/	9. OGRID Number
MELROSE OPERATING CO		184860 / 10 Park www. Will
3. Address of Operator 1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116		10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives
4. Well Location		
Unit Letter O : 688 feet from the SOUTH line and 2375 feet from the EAST line		
Section 2 Township 22S Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3582' GL		
12. Check Appropriate 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		
PULL OR ALTER CASING MI DOWNHOLE COMMINGLE	ULTIPLE COMPL	MENT 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 #233 WIW on Wednesday, February 11th, 2009, at 10:30 AM MST		
Spud Date:	Rig Release Date:	
		WFX-850
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Campliff	TITLE_Forman	DATE2/6/09
Type or print nameCam Robbins E-mail address:maximum@valornet.co PHONE: 575-390-4666		
For State Use Only		
APPROVED BY: TITLE DISTRICT 1 SUPERVISOR DATE FEB 1 1 2009 Conditions of Approval (if any):		
Conditions of Approval (Illany).		