

RECEIVED

FEB 10 2009

HOBBSON

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.	30-025-38927
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	234
9. OGRID Number	184860
10. Pool name or Wildcat	Jalmat, Yates, Tansell, 7-Rives
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3579' 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 ☒

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 P : 688 feet from the SOUTH line and 1060 feet from the EAST lineSection 2 Township 22S Range 35E NMPM County LEA11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3579' GL

## 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 #234 WIW on Wednesday, February 11<sup>th</sup>, 2009, at 11:00 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

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:

TITLE

DISTRICT 1 SUPERVISOR

DATE

FEB 11 2009

Conditions of Approval (if any):