Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N French Dr, How De District I		June 19, 2008 WELL API NO.		
District II			30-025-38933	
1301 W Grand Ave., Artesia NM.88210 District III FEB 1 U 2009 1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No.		
District IV 1220 S St Francis Dr., Santa Fe, NM 87505		Prop#25191		
SUNDRY NOTICES AND REPORTS ON WELLS				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.)			JALMAT FIELD	YATES SAND UNIT
1. Type of Well: Oil Well Gas Well x Other Water Injection Well OF			8. Well Number	241
2. Name of Operator / MELROSE OPERATING CO			9. OGRID Number 184860	
3. Address of Operator			10. Pool name or Wildcat	
1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116			Jalmat, Yates, Tar	sell,7-Rives
4. Well Location				/
Unit Letter M : 720				
Section 2	Township 22S Rar		NMPM	County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3599' GL				
12 Check Annro	oriate Box to Indicate N	ature of Notice	Papart or Other I	Data
		ature or motice,	Report of Other I	Jaia
			SEQUENT REF	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORTEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		_	ALTERING CASING ☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				P AND A
DOWNHOLE COMMINGLE	_			
OTHER:	X	OTHER:		
13. Describe proposed or completed of			d give pertinent dates	s. including estimated date
of starting any proposed work). Sl				
or recompletion.				
Melrose will performing MIT Test on Jalmat #241 WIW on Wednesday, February 11 th , 2009, at 12:30 PM MST				
0.10.				
Spud Date:	Rig Release Da	ite:		
				_ WFX-850
I hereby certify that the information above i	s true and complete to the be	est of my knowleds	e and belief.	<u> </u>
1 1	<u>/</u>		,	
SIGNATURE AM DATE 2/6/09 DATE 2/6/09				
Type or print name Cam Dahkina	E mail address.		——————————————————————————————————————	E. 575 200 4666
Type or print nameCam Robbins E-mail address:maximum@valornet.co PHONE: _575-390-4666 For State Use Only				
1061	(i) TITLE DIS	TRICT 1 SUP	ERVISOR	FEB 1 1 2009
APPROVED BY: Conditions of Approval (if any):	TILE 5.0		DAT	E 1 F00)
U^{*}				