

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June, 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-37174
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. Prop#25191
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
8. Well Number 220
9. OGRID Number 184860
10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3600' 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 L : 1942 feet from the SOUTH line and 759 feet from the WEST line
Section 11 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:

OTHER: Injection MIT X

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.

Performed Injection MIT, 2/12/09, 320#s for 20 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart

RECEIVED

MAR 19 2009

HOBBSOCD

Spud Date:

Rig Release Date:

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 2/12/09

Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666

For State Use Only

APPROVED BY: Tommy D. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAR 20 2009

Conditions of Approval (if any):

WFX-821

