

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-38925 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
2. Name of Operator MELROSE OPERATING CO		6. State Oil & Gas Lease No. Prop#25191
3. Address of Operator 1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116		7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT ✓
4. Well Location Unit Letter <u>C</u> : <u>625</u> feet from the <u>NORTH</u> line and <u>1853</u> feet from the <u>WEST</u> line Section <u>13</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number <u>250</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GL		9. OGRID Number 184860 ✓
		10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives ✓

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, 300#s for 17 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart

RECEIVED

MAR 19 2009

HOBBSOCD

Spud Date:

Rig Release Date:

WFX-841

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 W. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAR 20 2009

Conditions of Approval (if any):

