Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources		June 19, 2008	
1625 N French Dr., Hobbs, NM 88240 District II			WELL API NO.	025 28022
1301 W Grand Ave, Artesia, NM 88210			30-025-38933 5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S St. Francis Dr., Santa Fe, NM 87505		Prop	#25191	
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		7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT		
PROPOSALS.)  1. Type of Well: Oil Well Gas Well x Other Water Injection, Well		8. Well Number 241		
2. Name of Operator		9. OGRID Number		
MELROSE OPERATING CO			184860	
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 LetterM	:720feet from theSOUTH	line and345	feet from theV	VESTline
Section 2 Township 22S Range 35E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3599' GL				
12 Check	Appropriate Box to Indicate Na	ature of Notice	Report or Other Da	nta
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ADAMS AND A STANDARD REMEDIAL WORK AND A STANDARD REMEDIAL WORK ADAMS AND A STANDARD REMEDIAL WORK AND A STANDARD R				
TEMPORARILY ABANDON				AND A
DOWNHOLE COMMINGLE	MOETH LE COM L	CACING/CLIVILIA	10B []	
OTHER:			jection MIT	X
	pleted operations. (Clearly state all poork). SEE RULE 1103. For Multiple			
or recompletion.	ork). SEE ROLE 1103. For Muniple	e Completions. Au	acii welloofe diagraffi	of proposed completion
F				
	T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Performed Injection MI	T, 2/12/09, 350#s for 17 min, Witne	essed by OCD/Ma	rk Whitaker, SEE at	tached Chart
	PEC	EIVED		
	MAR 1	1 9 2009		
	HOBB	SUCD		
G ID (	n: n l n			
Spud Date:	Rig Release Dat	te:		
				INEX-850
I hereby certify that the information	above is true and complete to the bes	st of my knowledge	and belief	W 1 1 2 2 2
	)	ov or my mile medige	and series.	
San				
SIGNATURE COMPLETE	TITLE Forma	ın	DATE	2/12/09
Type or print nameCam Robbins				
For State Use Only	E-mail address:m	naximum@valorne	t.co PHONE:	_575-390-4666
1 or State Ose Only		Ü		
		naximum@valorne	VISOR	MAR 2 0 2009
APPROVED BY:  Conditions of Approval (if any):		Ü		MAR 2 0 2009

