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

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State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
June 19, 2008

WELL API NO.	30-025-37240
5. Indicate Type of Lease	STATE X FEE ☐
6. State Oil & Gas Lease No.	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 PROPOSALS)

1. Type of Well: Oil Well ☐ Gas Well x Other Water Injection Well	7. Lease Name or Unit Agreement Name: JALMAT FIELD YATES SAND UNIT
	8. Well Number 221
2. Name of Operator: MELROSE OPERATING CO	9. OGRID Number: 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 Letter I 1980 feet from the SOUTH line and 330 feet from the EAST line
Section 10 Township 22S Range 35E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3601' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
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 #221 WIW on Friday, June 5th, 2009, at 11:30 AM MST

Spud Date: Rig Release Date:

WFX-843

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TITLE Forman DATE 6/3/09

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

For State Use Only

APPROVED BY: Gary W. Hill TITLE DISTRICT 1 SUPERVISOR DATE JUN 08 2009

Conditions of Approval (if any):