Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natur	ral Resources	June 19, 2008
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.	
District II	IVED CONSERVATION	DIVISION	30-025-38874 V
District III	1220 South St. Fran	cis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	3 2009 Santa Fe, NM 87		STATE X FEE
District IV		303	6. State Oil & Gas Lease No. Prop#25191
1220 S St. Francis Dr., Santa Fe NBB 87505	SOCD		Prop#23191
SUNDRY NOTI	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN OR PLU	JG BACK TO A	JALMAT FIELD YATES SAND UNIT
	CATION FOR PERMIT" (FORM C-101) FO	R SUCH	
PROPOSALS.)	Gas Well x Other Water Injection	Well	8. Well Number 195
		9. OGRID Number	
2. Name of Operator 9. OGRID Number 184860			
3. Address of Operator		10. Pool name or Wildcat	
1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116		73116	Jalmat, Yates, Tansell, 7-Rives
	E 223, OKEAHOWAY CTTT, OK	75110	oumai, raiss, raissin, raiss
4. Well Location			
Unit LetterH:	1970feet from theNORT	H line and4	48feet from theEASTline
Section 14	Township 22S Ra	inge 35E	NMPM County LEA 🗸
The state of the s	11. Elevation (Show whether DR,	RKB, RT, GR, etc.,	
	3584' GL		
12 Check A	Appropriate Box to Indicate Na	ature of Notice.	Report or Other Data
12. Check i	ippropriate Bon to marcuse in		2.0p 0.00 0. 0 0.000 0.000
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
. 2			ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE	MOETH LE COM L	0,101110,02111211	
DOWNHOLE COMMINGLE []			
OTHER:	X	OTHER:	П
13 Describe proposed or comp			d give pertinent dates, including estimated date
of starting any proposed we	ork) SEE RULE 1103. For Multiple	le Completions: At	ttach wellbore diagram of proposed completion
or recompletion.	1	1	
0. 1000mp			
Melrose will performing I	MIT Test on Jalmat #195 WIW on I	Friday, June 5 th , 20	09, at 8:30 AM MST
		• • • • • • • • • • • • • • • • • • • •	,
Spud Date:	Rig Release Da	ite:	
			WFX-841
	1		<u> </u>
I hereby certify that the information	above is true and complete to the be	est of my knowledg	ge and bener.
CIONATURE	TITLE Forms		DATE 6/2/00
SIGNATURE	TITLE_Form	an	DATE6/3/09
Type on maint manne Come Deltation	E mail addresse	mavimum@vala	ot co DUONE: 575 200 4666
Type or print nameCam Robbins	E-mail address:i	maximum@vaiome	et.co PHONE: _575-390-4666
For State Use Only			111 N O O
ADDROVED DV.	TITLE DIST	RICT 1 SUPE	AVISOR DATE JUN0820
APPROVED BY:	N_{1}		DAIE DAIE
	 		