| Submit 3 Copies To Appropriate District Office | State of New Me | exico | Form C-103 | |
|---|--------------------------------|---------------------|-------------------|------------------------|
| District I | | | Current interes | June 19, 2008 |
| 1625 N. French Dr., Hobbs, NNRECEIVED District II | | | WELL API NO. | 30-025-38929 |
| 1301 W Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVISION | | | 5. Indicate Type | |
| District III JUN 0 3 Z009 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE | |
| District IV HOBBSOCD Santa Fe, NM 87505 | | | 6. State Oil & G | as Lease No. |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | F | Prop#25191 |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name o | or Unit Agreement Name |
| (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 | | | | D YATES SAND UNIT |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well | | | 8. Well Number | / |
| 2. Name of Operator MELROSE OPERATING CO | | | 9. OGRID Numb | per 184860 |
| 3. Address of Operator | | | 10. Pool name or | |
| 1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116 | | | Jalmat, Yates, Ta | |
| 4. Well Location | | | 1 | |
| Unit Letter E: 19 | go feet from the NORT | H line and 99 | 0 feet from the | WEST line |
| Section 12 | | ange 35E | NMPM | County LEA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3574' GL | | | | |
| | | | | |
| 12. Check Appre | opriate Box to Indicate N | ature 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 | | | | P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J | | | | |
| DOWNHOLE COMMINGLE | | | | |
| _ | | | | |
| OTHER: | X | OTHER: | | |
| 13. Describe proposed or completed | | | | |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | | | | |
| of recompletion. | | | | |
| | | | | |
| Melrose will performing MIT Test on Jalmat #236 WIW on Friday, June 5 th , 2009, at 9:30 NM MST | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Smud Dates | Die Beleese De | | | |
| Spud Date: | Rig Release Da | ite: | | |
| | | | 1, | JFX-890 |
| I hereby certify that the information above | is true and complete to the he | est of my knowledge | | 21 K 0 [O |
| Thereby certify that the information above | is true and complete to the oc | st of my knowledge | and benef. | |
| | | | | |
| SIGNATURETITLE_Forman | | | DA | TE6/3/09 |
| Time or print name Care Dalling | D:1 - 11 | | has DITO | NIT. 575 200 4666 |
| Type or print nameCam Robbins E-mail address:maximum@valornet.co PHONE: _575-390-4666 For State Use Only | | | | |
| | / , / DIETE | RICT 1 SUPER | VISOR | HIM OO OOO |
| APPROVED BY: | TITLE | WOI FOOI LIFE | DA | TE JUN08 2009 |
| APPROVED BY: Conditions of Approval (Many): | | | | |