Submit 3 Copies To Appropriate District Quantum Office	State of New Me		Form C-103
District I Energy, Minerals and Natural Resources		June 19, 2008	
1625 N French Dr., Hobbs, NM 88249 CEIVED District II			WELL API NO. 30-025-38941
1201 W Grand Ave. Artegia NM 99210			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 JUN 03 7111111220 South St. Francis Dr. Santa Fe, NM 87505			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 UN US 27442225 South St. Transis Dr. District IV 1220 S. St. Francis Dr., Santa Fe, NM-10BBSOUD 87505			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			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 242
2. Name of Operator  MELROSE OPERATING CO			9. OGRID Number 184860
3. Address of Operator			10. Pool name or Wildcat
1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116			Jalmat, Yates, Tansell, 7-Rives
4. Well Location			
Unit Letter D625feet from theNORTH _ line and375feet from theWEST line \/ Section11			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3610' 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			
TEMPORARILY ABANDON			<del>_</del>
DOWNHOLE COMMINGLE	MOLTIPLE COMPL []	CASING/CEMENT	10B []
OTHER.	V	071150	_
OTHER:  13. Describe proposed or complete.	X eted operations. (Clearly state all r	OTHER:	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 #242 WIW on Friday, June 5 <sup>th</sup> , 2009, at 11:00 NM MST			
Spud Date:	Rig Release Da	te:	
			WFX-890
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLEForm:	an	DATE6/3/09
Type or print nameCam Robbins E-mail address:maximum@valornet.co PHONE: _575-390-4666  For State Use Only			
APPROVED BY: Carmy W. Lie TITLE DISTRICT 1 SUPERVISOR DATE JUN 08 2009			
Conditions of Approval (if any):			