

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

State of New Mexico
 Energy, Minerals and Natural Resources

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

Form C-103
 May 27, 2004

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.)		WELL API NO. 30-025-08611 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Melrose Operating ✓		6. State Oil & Gas Lease No. 25191
3. Address of Operator 1000 W. Wilshire, Suite 223 Oklahoma City OK 73116		7. Lease Name or Unit Agreement Name Jalmat Field Yates Sand Unit ✓
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1983</u> feet from the <u>East</u> line Section <u>13</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number #132 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3601' DF		9. OGRID Number 184860 ✓
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Proposal to Plug & Abandon: JFYSU #132

8/26/09

Fill casing w/ 9.5#/12.5ppg brine gel, Spot 30sx "C" 14.8#/1.32y plug @3890', WOC & Tag cement @3489'

Perforate casing @1780', squeeze casing inside & out w/ 60sx 14.8#/1.32y cement, WOC & Tag cement @ 1441'

8/27/09

Perforate Casing @500', squeeze casing inside & out w/ 150sx 14.8#/1.32y cement, casing full to surface, POOH & LD tubing & top out w/ cement

Dig out & cut off well heads, install 6' x 4" Dry Hole Marker, dig out & cut off guy line anchors, clean up location

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt
 of C-103 (Subsequent Report of Well Plugging)
 which may be found at OCD Web Page under
 Forms, www.emnrd.state.nm.us/oed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Cam Robbins TITLE Forman DATE Aug. 29, 2009

Type or print name Cam Robbins

E-mail address: maximum@valornet.com

Telephone No. 575-390-1677

For State Use Only

APPROVED BY: Cam Robbins TITLE DISTRICT 1 SUPERVISOR DATE NOV 30 2009

Conditions of Approval (if any):