

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

MAR 12 2010

HOBBSDOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-08587

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

Prop#25191

7. Lease Name or Unit Agreement Name

JALMAT FIELD YATES SAND UNIT

8. Well Number 108

9. OGRID Number

184860

10. Pool name or Wildcat

Jalmat, Yates, Tansell, 7-Rives

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 ☒ Other ☒ Water Injection Well

2. Name of Operator

MELROSE OPERATING CO

3. Address of Operator

1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116

4. Well Location

Unit Letter H : 1980 feet from the NORTH line and 330 feet from the EAST lineSection 11 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3595' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER:

OTHER: **INJECTION MIT****X**

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.

Performed Injection MIT, 5/12/09, 370#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

R-2243

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

SIGNATURE

*Cam Robbins*TITLE FormanDATE 5/12/09Type or print name Cam RobbinsE-mail address: maximum@valornet.coPHONE: 575-390-4666**For State Use Only**

APPROVED BY:

*[Signature]*TITLE STAFF MGRDATE 3-15-10

Conditions of Approval (if any):

