

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED CONSERVATION DIVISION

MAR 12 2009 1220 South St. Francis Dr.

HOBBS 87505 Santa Fe, NM 87505

WELL API NO.

30-025-08588

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

Prop#25191

7. Lease Name or Unit Agreement Name

JALMAT FIELD YATES SANDY UNIT

8. Well Number 121

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 N : 660 feet from the SOUTH line and 2310 feet from the WEST lineSection 11 Township 22S Range 35E NMPM County LEA

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

3613' 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, 11/12/09, 615#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFX-809

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

SIGNATURE

Cam Robbins

TITLE Forman

DATE 11/12/09

Type or print name Cam Robbins

E-mail address: maximum@valornet.co

PHONE: 575-390-4666

For State Use Only

APPROVED BY:

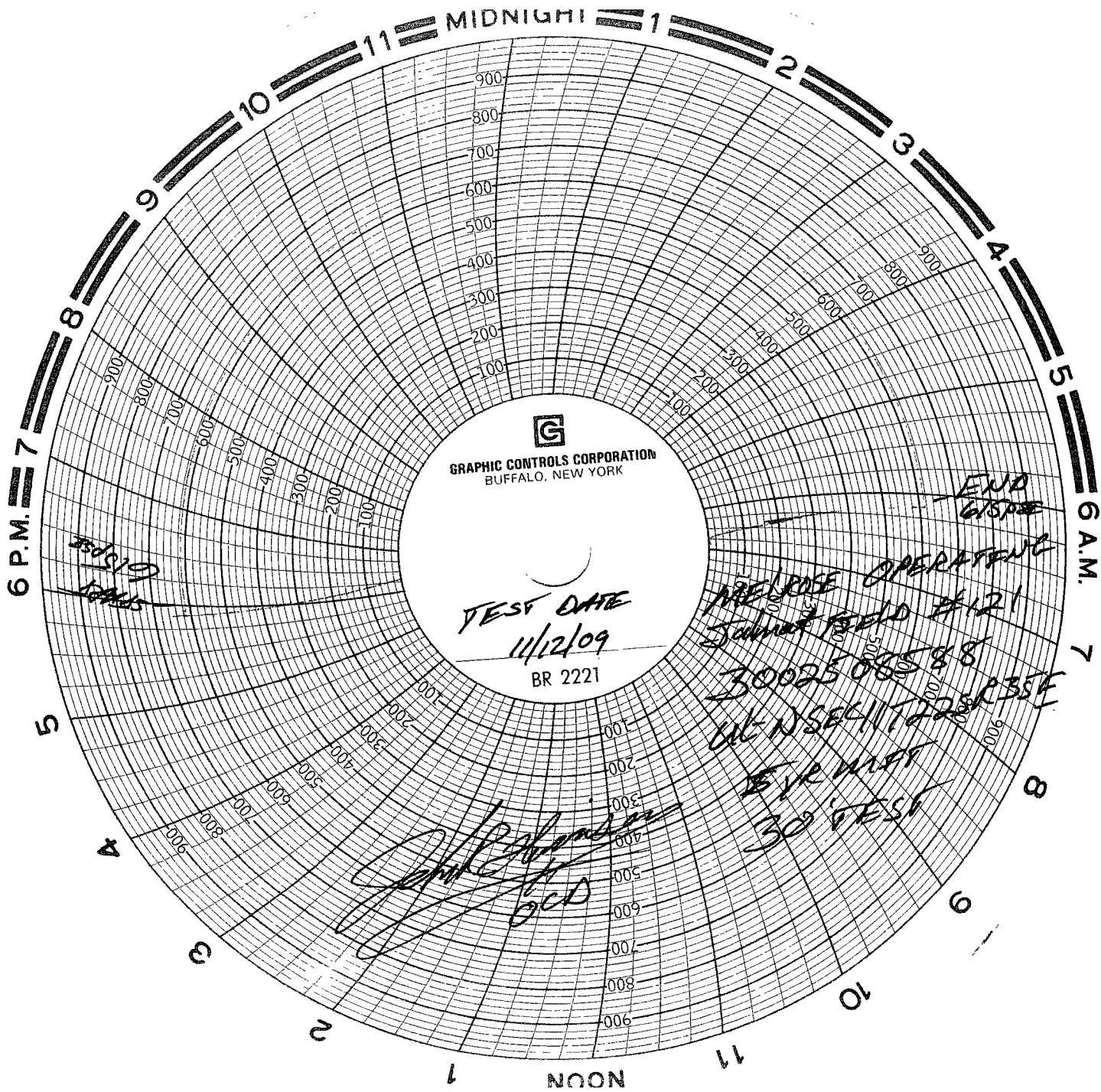
[Signature]

TITLE

STAFF MGR

DATE 3-15-10

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

TEST DATE  
11/12/09

BR 2221

*[Signature]*  
OCD

END  
6:30 P.M.

PRELIMINARY OPERATIONS  
SUNNYFIELD #121  
3002508588  
WLN 54117228 R35E

END  
30 TEST