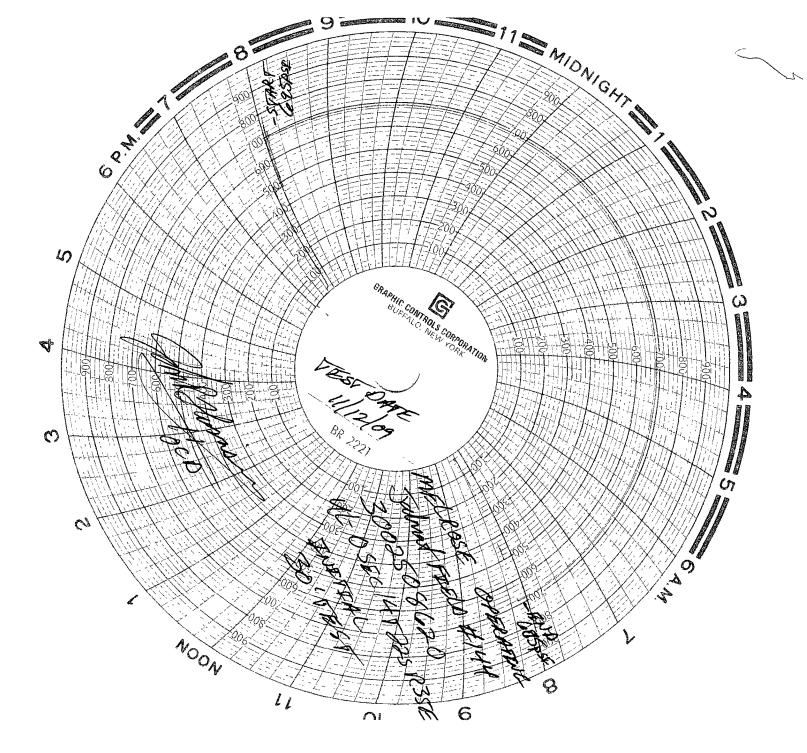
Submit 3 Copies To Office	o Appropriate Distric	t State	State of New Mexico		Form C-103	
		Energy, Minera	als and Natur	al Resources	WELL ADIAL	June 19, 2008
1625 N. French Dr.	., Hobbs, NM 88240:	CEMED			WELL API NO	30-025-08620
District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 Energy, Witherais and Natural Resources OIL CONSERVATION DIVISION					5. Indicate Ty	
District III MAR 12 ZUIU 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505					STATE	
District IV Santa Fe, NM 87505					6. State Oil &	Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NOBBSOCD 87505						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 Numb	per 144
2. Name of Operator					9. OGRID Nu	ımber
MELROSE OPERATING CO						184860
3. Address of Operator 1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116					10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives	
4. Well Location						
Unit L	etterQ	:660feet from	theSOUTH	I line and165	60feet from the	heEASTline
Section 14 Township 22S Range 35E NMPM County LEA						
		11. Elevation (Show		RKB, RT, GR, etc.)	
		339	7' 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 ALTERING CASING						
TEMPORARIL'		☐ CHANGE PLANS		COMMENCE DR	ILLING OPNS.] PANDA 🗌
PULL OR ALTE		☐ MULTIPLE COMPL		CASING/CEMEN	T JOB 🗆]
DOWNHOLE C	COMMINGLE					
OTHED:				OTHER: IN.	ECTION MIT	Х
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.						
Dorfo	rmed Injection	MIT 11/12/09 530#s for	30 min Witn	essed by OCD/Jo	hn Harrison, Sl	EE attached Chart
Performed Injection MIT, (1/12/09, 530#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart						
		n				
Spud Date:				to. I		
		, r	kig Release Da	te:		
		K	lig Kelease Da	te:	\ 1	1EX-852
I haraby cartify	that the informat				ve and belief	JFX-852
I hereby certify	that the informat	ion above is true and com			ge and belief.	JFX-852
I hereby certify	that the informat				ge and belief.	JFX-852
I hereby certify SIGNATURE_	that the informat	ion above is true and com	plete to the be			JFX-852 DATE_11/12/09
SIGNATURE_	Cant	ion above is true and com	aplete to the be	st of my knowledg		
SIGNATURE_ Type or print na	Com/o	ion above is true and com	aplete to the be	st of my knowled		DATE_11/12/09 HONE: _575-390-4666
SIGNATURE_	Com/o	ion above is true and com	TITLE_Formatile address:r	st of my knowledg	et.co P	HONE: _575-390-4666
SIGNATURE_ Type or print na	Cam Robb	ion above is true and com	TITLE_Formatile address:r	st of my knowledg	et.co P	
SIGNATURE_ Type or print na For State Use (me_Cam Robb	ion above is true and com	TITLE_Formatile address:r	st of my knowledg	et.co P	HONE: _575-390-4666



144 11/12/09