

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

Form C-103
June 19, 2008

RECEIVED
OIL CONSERVATION DIVISION
MAR 12 2009
2220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBS

WELL API NO.	30-025-08622 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	Prop#25191
7. Lease Name or Unit Agreement Name	JALMAT FIELD YATES SAND UNIT ✓
8. Well Number	136 ✓
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 G : 1980 feet from the NORTH line and 1650 feet from the EAST line
Section 14 Township 22S Range 35E NMPM County LEA ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3600' 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, 570#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFX-852

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):

