

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  
OH CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
MAR 12 2010  
HOBBS

WELL API NO. 30-025-08644 ✓
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 CONE JALMAT YATES POOL UNIT ✓
8. Well Number 202 ✓
9. OGRID Number 184860 ✓
10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3573' GL

**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 B : 660 feet from the NORTH line and 1980 feet from the EAST line  
Section 24 Township 22S Range 35E NMPM County LEA

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, 540#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFX-180

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

SIGNATURE

*CR*

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 MAIR

DATE 3-15-10

Conditions of Approval (if any):

