

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 CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 MAR 12 2010 HOBBSUCD		WELL API NO. 30-025-08648 ✓
		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 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well ✓		8. Well Number 107 ✓
2. Name of Operator MELROSE OPERATING CO		9. OGRID Number 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 Letter <u>D</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>24</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u> ✓		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3590' 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, 430#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

R-2495

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

SIGNATURE  TITLE Forman DATE 5/12/09

Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666

For State Use Only

APPROVED BY:  TITLE STAFF MEMBER DATE 3-15-10

Conditions of Approval (if any):

