

State of New Mexico  
Energy, Minerals and Natural Resources

**RECEIVED**  
JAN 12 2010  
HOBBSUCD

## CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.	30-025-08649
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	110
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 F : 1980 feet from the NORTH line and 1980 feet from the WEST lineSection 24 Township 22S Range 35E NMPM County LEA

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, 330#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 5/12/09Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666**For State Use Only**APPROVED BY: EB TITLE STAFF MGR DATE 3-15-10

Conditions of Approval (if any):

