

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

<p><b>RECEIVED</b> <b>CONSERVATION DIVISION</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b></p> <p><b>MAK 12 2010</b> <b>HOBBSUCD</b></p>		<p>WELL API NO. 30-025-37498 ✓</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator MELROSE OPERATING CO</p>		<p>6. State Oil &amp; Gas Lease No. Prop#25191</p>
<p>3. Address of Operator 20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077</p>		<p>7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT</p>
<p>4. Well Location Unit Letter <u>O</u> : <u>681</u> feet from the <u>SOUTH</u> line and <u>631</u> feet from the <u>EAST</u> line Section <u>11</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u></p>		<p>8. Well Number <u>224</u></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3609' GL</p>		<p>9. OGRID Number 184860</p>
<p>10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives</p>		

## 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, 6/5/09, 565#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFX-850

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

SIGNATURE

TITLE Forman

DATE 6/5/09

Type or print name Cam Robbins

E-mail address: maximum@valornet.co

PHONE: 575-390-4666

For State Use Only

APPROVED BY:

TITLE

STAFF NRG

DATE 3-15-10

Conditions of Approval (if any):

