| 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 1 2 2010 District IV 1220 S. St. Francis Dr., Santa Fe NM 87505  State of New Mexical Research Mischael State of New Mexical State of New Mexical Research Mischael Research Mischael Research Mischael Research Re | WELL API NO.  30-025-38872  5. Indicate Type of Lease STATE X FEE  |          |
|--|--|----------|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR   |  |          |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well x Other Water Injection  |  |          |
| 2. Name of Operator  MELROSE OPERATING CO  | 9. OGRID Number 184860   | <b>'</b> |
| 3. Address of Operator 20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 770  | 10. Pool name or Wildcat   |          |
| 4. Well Location  Unit Letter B : 692 feet from the NORTH Section 13 Township 22S Ran  11. Elevation (Show whether DR,   | ge 35E NMPM County LEA   | /        |
| 3585' GL   |  |          |
| 12. Check Appropriate Box to Indicate Na   | ture 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   | <u> </u> |
| 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, 580#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart   |  |          |
|  |  |          |
| Spud Date: Rig Release Dat   | e: WFX- 841  |          |
| I hereby certify that the information above is true and complete to the best   |  | _        |
| 10   | •  |          |
| SIGNATURETITLE_Forma   | DATE6/5/09   | _        |
| Type or print nameCam Robbins E-mail address:n For State Use Only  | naximum@valornet.co PHONE: _575-390-4666   |          |
| APPROVED BY:   | DATE 3-15-16   | 2        |

