

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

MAY 12 2010

HOBBSOCD

WELL API NO.	30-025-38873
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 JALMAT FIELD YATES SAND UNIT	
8. Well Number	187
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

20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077

4. Well Location

Unit Letter B : 700 feet from the NORTH line and 640 feet from the EAST lineSection 13 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3587' 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, 6/5/09, 620#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFX-852

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

SIGNATURE

CR

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:

[Signature]

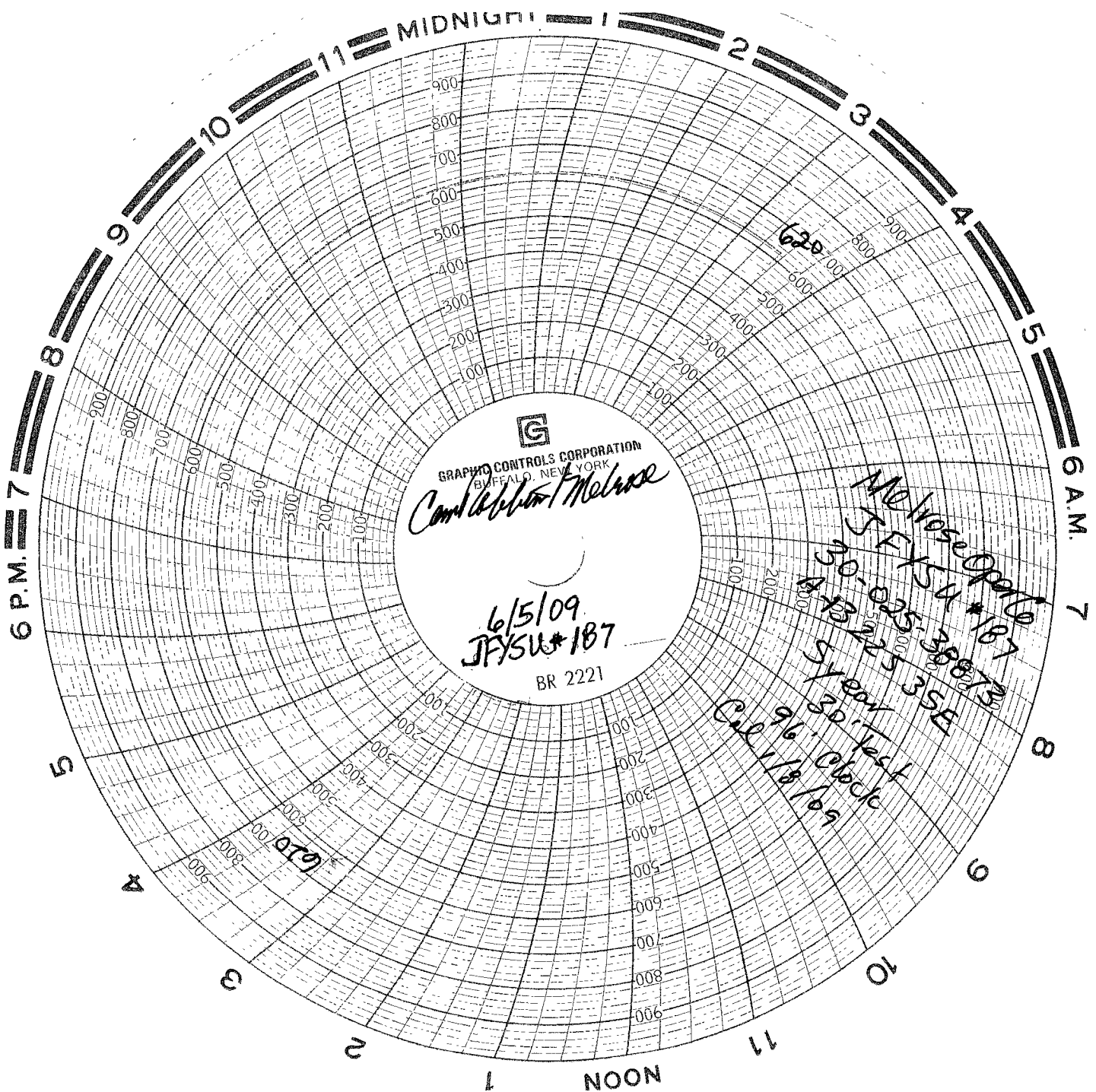
TITLE

STAFF MGR

DATE

3-15-10

Conditions of Approval (if any):



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Completed Melrose
6/5/09
JFYSU*187
BR 2221

Melrose Opn 187
*JFYSU*187*
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Year Test
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