

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

JUN 12 2010

HUBBSOCD

WELL API NO.	30-025-38929
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	236
9. OGRID Number	184860
10. Pool name or Wildcat	Jalmat, Yates, Tansell, 7-Rives

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>E</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>WEST</u> line Section <u>12</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3574' 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, 540#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

WFK-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 MGR

DATE

3-15-10

Conditions of Approval (if any):

