

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

MAR 12 2010

HOBBS

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.	30-025-38938
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	143
9. OGRID Number	184860
10. Pool name or Wildcat	Jalmat, Yates, Tansell, 7-Rives
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3578' GL

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 P : 660 feet from the SOUTH line and 575 feet from the EAST line
Section 14 Township 22S Range 35E NMPM County LEA

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, 11/2/09, 530#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.

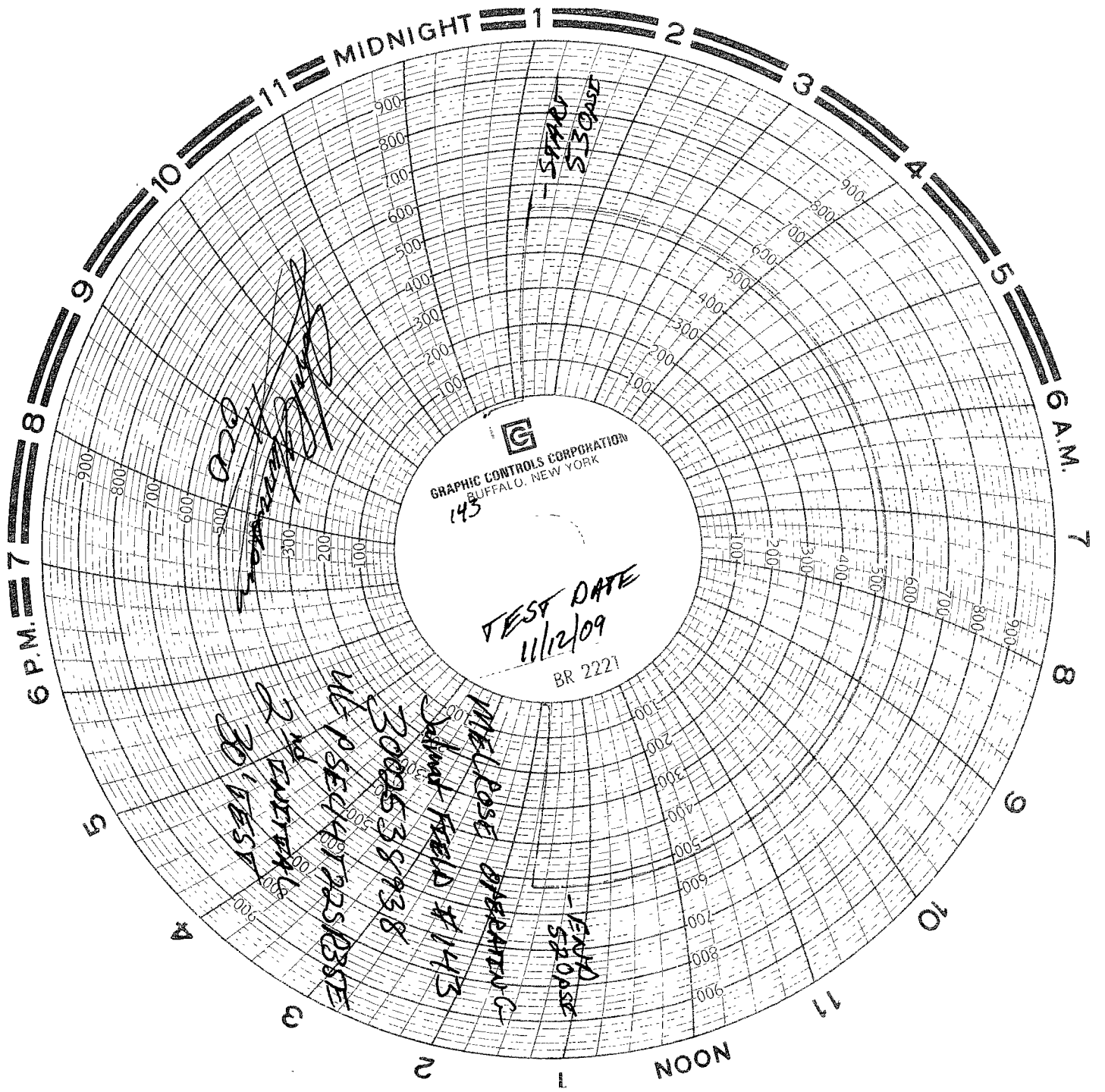
SIGNATURE Cam Robbins TITLE Forman DATE 11/12/09

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):



TEST DATE
11/12/09
BR 2221

START
530 AM

END
530 PM

[Handwritten signature]
OCC

2nd FLOOR
30' DIST
W/ PSE 44725 B3SE

WEL ROSE OPERATING
JANET FIELD #1413
3000538738