Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
Fine:	rgy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District I 1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-38941
District II 1301 W Grand Ave., Artesia, NM 88210 1301 W Grand Ave., Artesia, NM 88210 1302 St. 14 St. F. 15 St. 15		5. Indicate Type of Lease
District III FIAR 1.2 days 1220 South St. Francis Dr.		STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 203UCL)	Prop#25191
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		JALMAT FIELD YATES SAND UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		/
PROPOSALS.) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well		8. Well Number 242
2. Name of Operator		9. OGRID Number
MELROSE OPERATING CO		184860
3. Address of Operator		10. Pool name or Wildcat
20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077		Jalmat, Yates, Tansell, 7-Rives ✓
4. Well Location		
Unit Letter D :625 feet from theNORTH line and375 feet from theWEST line/		
Section 11 Township 22S Range 35E NMPM County LEA		
11. Elev	ration (Show whether DR, RKB, RT, GR, etc	
	3610' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO		
		BSEQUENT REPORT OF:
		RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
	LE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	LE COMPL CASINO/CLIVILIN	11 30B
DOWNHOLE COMMININGLE		
OTHER:	OTHER: IN	JECTION 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, 570#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart		
1 criorined injection will, 0/5/07, 570/15 for 50 min, withessed by 5000/100/11 flattison, 5000 accuracy chart		
Spud Date:	Rig Release Date:	
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	<u> </u>	-0 3 0
Thereby certify that the information above is tr	rue and complete to the best of my knowledg	ge and belief.
	70	
SIGNATURE	TITLE Forman	DATE 6/5/09
S.G.M.TORE		
Type or print nameCam Robbins	E-mail address:maximum@valorn	et.co PHONE: _575-390-4666
For State Use Only		
1000 OVED DV	LITTLE STAFF MAI	DATE 3-15-10
APPROVED BY:	TITLE TIPO MENT	DATE 3-13-16
Conditions of Approval (if any):		
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