Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	ces June 19, 2008
1625 N. French Dr , Hobbs, NM 88240	R. # 15500 FISA	WELL API NO. 30-025-38924
1301 W. Grand Ave., Artesia N. 8827	VED CONSERVATION DIVISIO	5. Indicate Type of Lease
District III	1220 South St. Francis Dr	STATE X FEE \( \sigma \sigma \)
1000 Rio Brazos Rd., Aztec, NMMAH0 1 B District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fel NY	CD	Prop#25191
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name A JALMAT FIELD YATES SAND UNIT
DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FOR SUCH	0.19/113/1
71	ias Well x Other Water Injection Well	8. Well Number 178
2. Name of Operator  MELROSE OPERATING CO		9. OGRID Number 184860
3. Address of Operator 20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077		10. Pool name or Wildcat
	9, Suite 310, HOUSTON TX 7/077	Jalmat, Yates, Tansell, 7-Rives
4. Well Location Unit Letter N:	528 feet from the SOUTH line and	d 1869 feet from the WEST line
Section 12		35E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3599' GL	
12. Check Ap	opropriate Box to Indicate Nature of N	lotice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR		L WORK ALTERING CASING
	_	CE DRILLING OPNS. P AND A
	MULTIPLE COMPL CASING/O	CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	INJECTION MIT X
13. Describe proposed or comple		tails, and give pertinent dates, including estimated date
of starting any proposed work	(). SEE RULE 1103. For Multiple Completi	ons: Attach wellbore diagram of proposed completion
or recompletion.		
Performed Injection MIT.	3/12/2010, 330#s for 30 min, Witnessed by	OCD/Mark Whitaker, SEE attached Chart
Performed Injection MIT, 3/12/2010, 330#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart		
Spud Date:	Rig Release Date:	
		WFX-850
I hereby certify that the information ab	pove is true and complete to the best of my kn	
Thereby certify that the intermation at		
CLONIA DE PE	THE P. P.	DATE 2/12/00
SIGNATURE	TITLE_Forman	DATE3/12/09
Type or print nameCam Robbins	E-mail address:maximum@	)valornet.co PHONE: _575-390-4666
For State Use Only	/ / /	
APPROVED BY:	TITLE STAFF	C MGZ DATE 3-31-10
Conditions of Approval (it any):	IIILE TITLE	J.C. DAIL

