Submit 3 Copies To Appropriate District Office	State of New Mex		Form C-103 June 19, 2008
District I 1625 N French Dr., Hob	Energy, Minerals and Natur	rai Resources	WELL API NO.
District II	OIL CONSERVATION	DIVISION	30-025-38930
1301 W. Grand Ave., Artesia, NM 88210 District III MAR 1 8 2010			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87	505	6. State Oil & Gas Lease No. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
PROPOSALS) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well			8. Well Number 237
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 Jalmat, Yates, Tansell, 7-Rives
4. Well Location Unit Letter L: 1980 feet from the SOUTH line and 990 feet from the WEST line			
Unit Letter L :1980 feet from theSOUTH line and990 feet from theWEST line / Section			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3584' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING M DOWNHOLE COMMINGLE	ULTIPLE COMPL	CASING/CEMENT	I JOB
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, 3/12/2010, 360#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart			
			·
Spud Date:	Rig Release Da	ite:	
			WFX-850
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE_Form	an	DATE3/12/09
Type or print nameCam Robbins For State Use Only	E-mail address:1	maximum@valorne	et.co PHONE: _575-390-4666
APPROVED BY:	whe TITLE of	nst mad	DATE 3-31-10
Conditions of Approval (if any):			

