Submit 3 Copies 10 Appropriate District Office	State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240  District II  1301 W Grand Ave., Artesia, NM 18240  TOTAL CONSERVATION DIVISION		WELL API NO.
1301 W Grand Ave., Artesia, NM 12210	OFF CONSERVATION DIVISION	30-025-08594
District III 1000 Rio Brazos Rd., Aztec, NM 87410N 17 2010 1220 South St. Francis Dr. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505		5. Indicate Type of Lease  STATE X FEE
		6. State Oil & Gas Lease No. 25191
SUNDRY NOTICE	S 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Jalmat Field Yates Sand Unit
1. Type of Well: Oil Well 🗶 Gas Well 🗌 Other T. ny		8. Well Number #109
2. Name of Operator Melrose Operating		9. OGRID Number 184860
3. Address of Operator		10. Pool name or Wildcat
20333 State Highway 249, Suite 310,	Houston TX 77077	Tansil, Yates, 7-Rivers
4. Well Location		
Unit LetterG :19		
Section 11	<u> </u>	35E NMPM County Lea
	1. Elevation (Show whether DR, RKB, RT, GR, e	(C.)
Pit or Below-grade Tank Application  or Cl		
	Distance from nearest fresh water wellI	
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbls;	Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE	ENTION TO: SU	BSEQUENT REPORT OF:
	LUG AND ABANDON 🔲 REMEDIAL WO	
<del></del>	<del></del>	RILLING OPNS. P AND A
PULL OR ALTER CASING \( \square\) N	IULTIPLE COMPL   CASING/CEME	NT JOB
OTHER:	☐ OTHER:	
		and give pertinent dates, including estimated date Attach wellbore diagram of proposed completion
MIRUPU, Bleed pressure off to tank, NDWH & NU BOP, unset Packer, POOH, RIH Testing Packer & Tubing for leaks, Circulate		
Packer fluid & retest Packer/Casing to 500# for 30 minutes. If well Test put back on Injection after approval.		
I hereby certify that the information abograde tank has been/will be constructed or clos	ve is true and complete to the best of my knowled according to NMOCD guidelines , a general permit	dge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE Com/Co	TITLE_Forman	DATE June 5, 2010
Type or print name	E-mail address:	Talanhana Na
For State Use Only	E-man address:	Telephone No.
Some of the second		
APPROVED BY	TITLE STAGE A	DATE 6-17-10
Conditions of Approval (if any):	•	
		-W-
		X