Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 882 The Conservation division		30-025-08643
District III 1990 Courth St. Emprois Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8MAR 18 2010 District IV Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa FAOBBSOUD 87505		Prop#25203
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 CONE JALMAT YATES POOL UNITY
PROPOSALS.) 1. Type of Well: Oil Well Gas Well x Other Water Injection Well		8. Well Number 201 V
2. Name of Operator MELROSE OPERATING CO		9. OGRID Number 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 LetterA:	660feet from theNORTH line and	
Section 24 Township 22S Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3576' GL		
Dames is the critical and a series of the critical and a series and a series of the A series.		
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		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE		
_	071170	
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, 380#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart		
Spud Date:	Rig Release Date:	
Space Date.		
	OMLY.	WFX-853
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Forman DATE 3/12/09		
COR RECU		I
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 STATE	BE DATE 7-15-10
Conditions of Approval (if any).		

