

Submit 3 Copies To Appropriate District
 Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

RECEIVED
MAR 18 2010
HOBBSSOCD
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-38923
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Prop#25191
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT <input checked="" type="checkbox"/>
8. Well Number 168 <input checked="" type="checkbox"/>
9. OGRID Number 184860 <input checked="" type="checkbox"/>
10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597' GL

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 PROPOSALS)

1. Type of Well: Oil Well Gas Well Other Water Injection Well

2. Name of Operator
MELROSE OPERATING CO

3. Address of Operator
20333 STATE HIGHWAY 249, Suite 310, HOUSTON TX 77077

4. Well Location
 Unit Letter M : 620 feet from the SOUTH line and 723 feet from the WEST line
 Section 12 Township 22S Range 35E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER:		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, 350#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart

Spud Date: Rig Release Date:

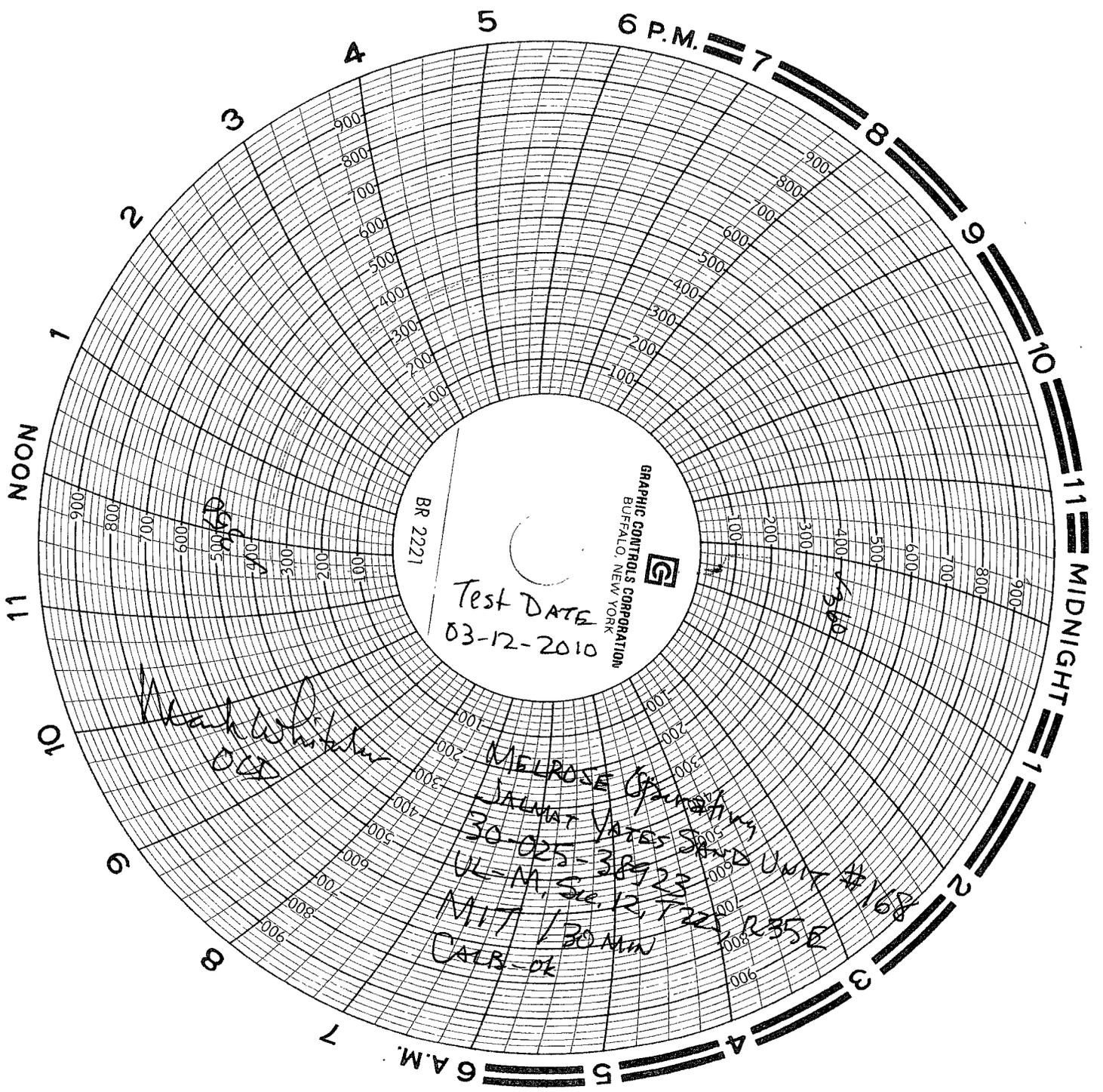
WFX-850

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **FOR RECORD ONLY** _____ TITLE Forman DATE 3/12/09

Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666
For State Use Only

APPROVED BY:  TITLE STAFF MGR DATE 7-15-10
 Conditions of Approval (if any):



BR 2221

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Test DATE
03-12-2010

Mark White
OCD

MELROSE
JANUARY 30-025-385
UL-M, Sec. 12
MIT / 30 MIN
CALB-OK
Unit # 168