Office	State of New Me			Form C-103 June 19, 2008
<u>District I</u> Energy, Minerals and Natural Resources			WELL API NO.	Julic 19, 2008
STATE CANSERVATION DIVISION			30-025-38940	
District IV No Grand Ave., Artesia, NM 88210 Oistrict III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			5. Indicate Type of Lease STATE X FE	F \sqcap
1000 Rio Brazos Rd., Aztec, NM 87410 MAIN 10 2010 Santa Fe, NM 87505			6. State Oil & Gas Lease N	
1220 S. St. Francis Dr., Santa Fe, NMHOBBSOCD 87505			Prop#2519	01
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)			7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT	
1. Type of Well: Oil Well Gas Well x Other Water Injection Well			8. Well Number 148	
2. Name of Operator MELROSE OPERATING CO			9. OGRID Number	
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 1940				
Unit LetterH:940feet from theNORTHline and362feet from theEASTline \rloop				
Section 23 Township 22S Range 35E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3588' 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				NG CASING 🔲
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII				\
PULL OR ALTER CASING				
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, 370#s for 30 min, Witnessed by OCD/Mark Whitaker, SEE attached Chart				
a 15	n: n 1			
Spud Date:	Rig Release Da	ite:		
	u.X		WFX- 852	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE				
-scOkb	1	, ,		
OR RECU			DATE 2/9	
SIGNATURE COM	IIILEForm	ian	DATE_3/9/	09
Type or print nameCam Robbins	E-mail address:	maximum@valorne	t.co PHONE: _575	-390-4666
For State Usé Only				
APPROVED BY:	TITLE S	M M	P DATE 7	-15-10
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·	DATE /	· • · · · ·

