

Submit 3 Copies To Appropriate District  
Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

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

Revised March 25, 1999

OIL CONSERVATION DIVISION

1220 S. St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30 025 ~~27232~~ 27233

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG 358

7. Lease Name or Unit Agreement Name:

Rock Lake

8. Well No.

1

9. Pool name or Wildcat

Jalmat, (Tansill, Yates, Seven Rivers)

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

2. Name of Operator

Melrose Operating Company

3. Address of Operator

c/o P.O. Box 953, Midland, TX 79702

4. Well Location

Unit Letter H 1980' feet from the North line and 330 feet from the East line

Section 15 Township 22S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT GR, etc.)

I 1. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

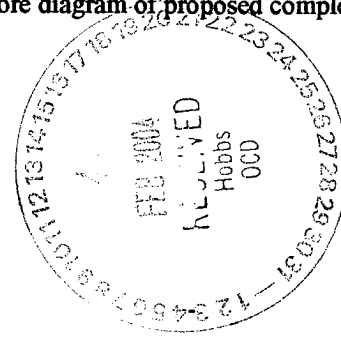
CASING TEST AND CEMENTJOB ☐

OTHER: ☐

12. 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.

12-15-03: Moved in and rigged up. Replaced tubing and rods. Repaired electrical grid.

Well currently producing 5 bbls oil, 100 bbls water and 0 mcf per day.



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

SIGNATURE

TITLE Regulatory Agent

DATE 2-11-04

Type or print name Ann E. Ritchie

Telephone No. 432 684-6381

(This space for State use)

APPROVED BY

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

Conditions of approval, if any

FEB 17 2004