Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
Energy Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM	WELL API NO. 30-025-03192
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1302 Conservation Division 1320 Courts St. Formula Dr.	30-023-03192
1000 Progres Rd. Artes, NM 8 AFC. O 8 7010 1220 South St. Francis Dr.	5. Indicate Type of Lease
District IV Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505	6. State Oil & Gas Lease No. 25250
SUNDRY NOTICES 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	NEPQ
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other	8. Well Number #006
2. Name of Operator	9. OGRID Number 184860
Melrose Operating 3. Address of Operator	10. Pool name or Wildcat
20333 STATE HIGHWAY 249, HOUSTON TX, 77077	PEARL-QUEEN
4. Well Location	
Unit Letter D: 330 feet from the NORTH line and 330 feet from the WEST_line	
Section 23 Township 19S Range 35E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	I JOB
OTHER: OTHER:	Install Sign
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.	
Install Well Sign	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .	
SIGNATURE TITLE Field Forman	DATE DEC.2, 2010
Type or print name Cam Robbins E-mail address: maximum@valornet.co	omTelephone No575-390-4666
1. For State Use Only	
APPROVED BY: TITLE STAM IN	DATE 12-9-10
Conditions of Approval (if any):	DATE IS / /
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