| Submit 3 Copies To Appropriate Distr | ict | state of New Mexico | | | | Form C-103 | | | |
|--|--------------|----------------------------|--------------|----------------------|---------------------------|--|-------------------------|-----------------|--|
| ffice istrict I Energy, Minerals and Natural Resources | | | | | Revised March 25, 1999 | | | | |
| 1625 N. French Dr., Hobbs, NM 87240 | | | | | WELL AP 30 025 0864 | | | | |
| District 11 81 1 South First, Artesia, NM 872 1 0 OIL CONSERVATION DIVISION | | | | | 5. Indicate Type of Lease | | | | |
| District III 1220 S. St. Francis Dr. | | | | | STATE X FEE | | | | |
| I 000 Rio Brazos Rd., Aztec, NM 8741 0 District IV Santa Fe, NM 87505 | | | | | | | Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 8 | 7505 | | | | 0.5 | | | | |
| 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 | | | | | | ame or U | Jnit Agreement N | lame: | |
| PROPOSALS.) 1. Type of Well: | | | | | | | | | |
| Oil Well \ Gas Well \ Other Inject | | | | | | Cone Jalmat Yates Pool Unit 8. Well No. | | | |
| 2. Name of Operator | | | | | |). | | | |
| Melrose Operating Company | | | | | 9. Pool na | me or W | ildcat | | |
| 3. Address of Operator c/o P.O. Box 953, Midland, TX | 79702 | • | | | | | es, Seven Rivers) | | |
| 4. Well Location | ,,,,,, | | | | 1 | | | | |
| | | | _ | | | | | | |
| Unit LetterH | 33 | feet from the | East | line and <u>2310</u> |)' | feet from | the North | line | |
| Section 24 | | Township 2 | 2S Ra | nge [°] 35E | NMPM | Lea | County | | |
| Section | | 10. Elevation (Show w | | | | | | 10.74 | |
| | | 10. 210. 0000 | | ,, , | | | | | |
| I 1. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | |
| NOTICE OF | INT | ENTION TO: | | SUB | SEQUEN | T REP | ORT OF: | | |
| PERFORM REMEDIAL WORK | \mathbf{X} | PLUG AND ABANDON | | REMEDIAL WOR | K | | ALTERING CAS | NG 📋 | |
| TEMPORARILY ABANDON | | CHANGE PLANS | | COMMENCE DRI | LLING OPNS | š. 🔲 | PLUG AND ABANDONMENT | , 🗆 | |
| PULL OR ALTER CASING | | MULTIPLE COMPLETION | | CASING TEST AN | ۹D | | ADAILOUNIEN | | |
| OTHER: | | | | OTHER: | | | | | |
| 12. Describe proposed or com | pletec | l operations. (Clearly sta | ate all pert | inent details, and g | ive pertinen | t dates, i | ncluding estimate | d date | |
| of starting any proposed vor recompilation. | vork). | SEE RULE 1103. For | Multiple C | Completions: Attacl | h wellbore d | iagram o | f proposed comp | letion | |
| | | | | | | | V | | |
| Propose to go in well with casing inspection log, isolate casing leaks. Will run 4" casing string to old total depth inside 5 1/2". Cement w/sufficient cement to circulate to surface. Will perforate @ existing perforated interval. Will run 2 1/16" tubing under packer & test | | | | | | | | | |
| casing before putting back in | use. | | | | | | 252622N | | |
| | | | | | | (3) | 314 | 30 | |
| | | | | | | (3V | . | 60 | |
| | | | | | | 6/1/8/19202 | 100 m | 94/ | |
| | | | | | | 19 | Esta WED | <u>-</u> , | |
| | | | | | | /85 | Kryobbs | \\ \(\sigma \) | |
| | | | | | | 1:0 | 1,000 | SA) | |
| | | | | <u> </u> | ··· | 1,65 | 8, 0 | 2 // | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | |
| i neredy certify that the information above is the war complete to the best of my knowledge and benef. | | | | | | | | | |
| SIGNATURE | Mil | Juletio | _TITLER | egulatory Agent | | | _DATE <u>2-18-04</u> | | |
| | | | | | | Toloni | none No. 422 694 | <i>(</i> 201 | |
| Type or print name Ann E. Rit | cnie | | | | | reiepi | none No. 432 684 | 1000 | |
| (This space for State use) | | 1 = 1 | OC EI- | In nee- | | | | | |
| APPPROVED BY HOLL WILL TITLE TITLE TITLE TITLE TITLE | | | | | | | | | |
| Conditions of approval, if any | | | _ | | | | | | |
| | 7 | | | | | | FEB 2 5 20 | 04 | |