Submit 3 Copies To Appropriate District	State of New Mexico				Form C-	
Office District I	Energy, Minerals and Natural Resources				Revised March 25,	1999
1625 N. French Dr., Hobbs, NM 87240				WELL API NO. 30 025 08648		
District 11 81 1 South First, Artesia, NM 872 1 0	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District I I I	1220 S. St. Francis Dr.			STATE C		
I 000 Rio Brazos Rd., Aztec, NM 8741 0 District IV	Santa Fe	, NM 87	505	6. State Oil & G		
1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State on a di	as Escaso 110.	
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well:		PEN OR PL		7. Lease Name or	Unit Agreement Na	me:
Oil Well Gas Well Other Inject				Cone Jalmat Yates Pool Unit		
2. Name of Operator				8. Well No.		
Melrose Operating Company				107		
3. Address of Operator				9. Pool name or Wildcat		
c/o P.O. Box 953, Midland, TX 79702				Jalmat, (Tansill, Ya	ates, Seven Rivers)	
4. Well Location						
Unit Letter <u>D</u> 66	o' feet from the 1	North	line and <u>660</u>	feet fro	m the West	_line
Section 24	Township 22	2S Ra	nge 35E	NMPM Lea	County	
	10. Elevation (Show w				-	
I 1. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
* * *				SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	-	<b>ALTERING CASIN</b>	G 🔲
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND	ABANDONWENT	
OTHER:			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 recompilation.						
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.						
			·	19.20.20 FT 18.19.20.20.20.20.20.20.20.20.20.20.20.20.20.	Pos - V	
_				18181811110	01682	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE MAN	The lake		egulatory Agent	<b>486 mm 04141</b> .	DATE2-18-04	
Type or print name Ann E. Ritchie				Telep	ohone No. 432 684-6	381
(This space for State use)	<u> </u>				FEB 25	2001
APPPROVED BY Laur L. Conditions of approval, if any	) Wink o	是用在口	REPRESENTATIVE	E II/STAFF MANAG	ER DATE	ZUU4 
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