Submit 3 Copies To Appropriate District Office	strict I 25 N. French Dr., Hobbs, NM 88240 RECEIVE Dinerals and Natural Resources		Form C-103 June 19, 2008	
1625 N. French Dr., Hobbs, NM 88240			LL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 882 FEB 0 70/U GONSERVATION DIVISION		ISION 5 I	30-025-08634 ndicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 874111000 L	District III 1000 Rio Brazos Rd., Aztec, NM 87HOBBS Santa Fe, NM 87505		STATE X FEE	
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. S	tate Oil & Gas Lease No. 25203	
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		CK TO A	ease Name or Unit Agreement Name e Jalmat Yates Pool Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Water Injection Well		Con	Vell Number #401	
2. Name of Operator		CIX	GRID Number 184860	
MELROSE OPERATING 3. Address of Operator		10	Pool name or Wildcat	
20333 State Highway 249, Suite 310, Houston, TX 77077		Jans Tans	ill, Yates, 7-Rivers	
4. Well Location				
Unit Letter I: 1980 feet from the SOUTH line and 330 feet from the EAST line				
Section 23 Township 22S Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3592 DF	KI, GK, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTEN	ITION TO:	SUBSEC	UENT REPORT OF:	
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WOR			□ ALTERING CASING □	
		MENCE DRILLING		
PULL OR ALTER CASING				
DOWN TOLL COMMINGLE				
OTHER: OTHER:				
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.				
On Dec 3, 2010, Melrose will begin work over to put CJYPU #401 back on production.				
Spud Date:	Rig Release Date:			
r.	<u></u>			
I hereby certify that the information above	is true and complete to the best of r	ny knowledge and b	pelicf	
		~		
SIGNATURE				
Type or print name Cam Robbins For State Use Only			PHONE:575-390-4666	
APPROVED BY DATE - 9-2011				
Conditions of Approval (if any):				

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