

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-08629
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. E8322
Lease Name or Unit Agreement Name Jalmat Field Yates Sand Unit
Well No. 139
Pool name or Wildcat Jalmat - TN-YT-SR

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/>	
Name of Operator Melrose Operating Co	
Address of Operator PO Box 5061, Midland, TX 79704	
Well Location Unit Letter L 1980 Feet From The South Line and 990 Feet From The West Line Section 14 Township 22S Range 35E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3604' GR	

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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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Temporarily Abandon ☒

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.

8-5/8" csg set @ 433' & cmt w/300 sx. Circ
5-1/2" csg set @ 4049' & cmt w/1150 sx. TOC = 470' Temp Survey
Perfs: 3883' - 4020'

Tops: Yates 3880'
Tansi/B Salt 3720'
T Salt 1835'

TA as follows:

TIH & set CIBP @ 3800'. Circ hole w/pkg fluid & test csg to 500# for 30 min. Held ok. OCD Notified.

Chart Attached.

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

SIGNATURE Bonnie Atwater TITLE Regulatory Tech. DATE 04-20-00

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Assignment Expires

4-25-2005

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