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State of New Mexico Form C 103 Energ. Ainerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM S8240 P.O. Box 2088 30 025 08640 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil& Gas Lease No 1000 Rio Brazos Rd., Aztec, NM 87410 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 PROPOSALS.) 1. Type of Well: OTHER Injection well X Cone Jalmat Yates Pool Unit 2. Name of Operator 8. Well No. Melrose Operating Company 502 3. Address of Operator 9. Pool name or Wildcat c/o P.O. Box 953, Midland, TX 79702 9l5 684-638l Jalmat Yates 4. Well Location Unit Letter __ Feet From The _____ Line and ___ ____ Feet From The Township 22S Range **NMPM** Lea County 10. Elevation (Show whether DF, RKB. RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER MIT 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. As per OCD directive dated June 20, 2001, the Cone Jalmat Yates Pool Unit, Well #502 was pressure tested on 7-19-01, was witnessed and passed the required mechanical integrity test. This is temporarily abandoned well.

I hereby certify that the information above is true and complete to the hest of	my knowledge and belief		
SIGNATURE Mind Villenia	Regulatory Agent	DATE	8-13-01
TYPE OR PRINT NAME Ann E. Ritchie		TELEPHON	e no. 915 684-6381
(this space for State Use)	CRICAL TO THE CARE		
APPROVED BY	TITLE	DATE	