

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 30 025 08644   |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |  |
| 7. Lease Name or Unit Agreement Name | Cone Jalmat Yates Pool Unit  |
| 8. Well No.                          | 202  |
| 9. Pool name or Wildcat              | Jalmat Yates   |

**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.)

|  |   |
|--|---|
| 1. Type of Well:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> OTHER Injection well <input checked="" type="checkbox"/> | 2. Name of Operator<br>Melrose Operating Company  |
| 3. Address of Operator<br>c/o P.O. Box 953, Midland, TX 79702 915 684-6381   | 4. Well Location<br>Unit Letter <u>B</u> Feet From The _____ Line and _____ Feet From The _____ Line<br>Section <u>24</u> Township <u>22S</u> Range <u>35E</u> NMPM <u>Lea</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>////////////////////   |   |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                              |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | PLUG AND ABANDON <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>                     |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | REMEDIAL WORK <input type="checkbox"/>                    |
| OTHER: _____ <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                  |
|   | COMMENCE DRILLING OPNS. <input type="checkbox"/>          |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>       |
|   | OTHER Bradenhead test <input checked="" type="checkbox"/> |

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 #202 was tested on 7-19-01, was witnessed and passed the required bradenhead test. This is a temporarily abandoned well.

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

SIGNATURE

TITLE

Regulatory Agent

DATE

8-13-01

TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: