+Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		•	Form C 103 Revised 1-1-89	
<u>DISTRICT</u> I P.O. Box 1980. Hobbs, NM S8240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30 025 08664 5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil&	Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: Oil Gas Well Well		on well X		ne Jalmat Yates Pool Unit	
2. Name of Operator	2. Name of Operator			8. Well No.	
Melrose Operating Company			702		
3. Address of Operator			9. Pool name or Wildcat		
c/o P.O. Box 953, Midland, TX 79702 9I5 684-638I				Jalmat Yates	
Unit LetterB	Feet From The	Line and	Feet	From The Line	
Section 25	Township 22S	Range 35E	NMPM	Lea County	
///////////////////////////////////////	10. Elevation (Show whet	her DF, RKB. RT, GR, etc.)	//////	///////////////////////////////////////	
n. Check	Appropriate Box to Indicat	e Nature of Notice. R	leport, or O	ther Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		G OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER MIT		×	

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 #702 was pressure tested on 7-19-01, was witnessed and passed the required mechanical integrity test. This is an active well.

I hereby certify that the information above is true and complete to the best of my know		9 12 01
SIGNATURE Mind Culeta	Regulatory Agent	DATE 8-13-01
TYPE OR PRINT NAME AND E. Ritchie		TELEPHONE NO. 915 684-6381
(this space for State Use)		
		- 1
APPROVED BY	TITLE	
CONITIONS OF APPROVAL, IF ANY:		