JUN 26 2009

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Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-015-31e189 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE STATE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Gruy Henshawza State Com
1. Type of Well: Oil Well	Gas Well Other	8. Well Number DD3 H
2. Name of Operator		9. OGRID Number
Gruy Petroleum Ma	nagement Co., LLC	360972
3. Address of Operator		10. Pool name or Wildcat
1048 Texan Trail, Grapevine TX 76051 4. Well Location		Abo, Pavo Mesa
Unit Letter M :	line and	feet from theline
Section 32	Township (65 Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
The state of the s	3646 GR	
12. Check A	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF IN	ITENTION TO: SUI	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	IT JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	X 1
	eleted operations. (Clearly state all pertinent details, a	
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completion
•	naves dollar Com Ad	1 11 11 11 11 11 11 11 11 11 11 11 11 1
this well was	never drilled. Gruy Petro	deum Management Co LLC
wishes to cou	anal it	
WISHES ID CO	nce it.	
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Spud Date:		
	Rig Release Date:	
	Rig Release Date:	
	Rig Release Date:	
I hereby certify that the information		ge and belief.
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
M.	above is true and complete to the best of my knowled	A A
I hereby certify that the information SIGNATURE		ge and belief. DATE 6-26-09
SIGNATURE	above is true and complete to the best of my knowled	DATE 6-26-09
M.	above is true and complete to the best of my knowled TITLE TITLE E-mail address: builsm	DATE 6-26-09 PHONE: 817-756-1231
SIGNATURE Type or print name GACL	above is true and complete to the best of my knowled	DATE 6-26-09 PHONE: 817-756-1231