Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-09393
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 c, 14141 67303	6. State Oil & Gas Lease No.
87505		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Charles Hutton Com
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number
1. Type of well. On well	Gus Well Z Gulei	#1
2. Name of Operator		9. OGRID Number
Merrion Oil & Gas Corp		14634
3. Address of Operator		10. Pool name or Wildcat
610 Reilly Ave, Farmington, NM	I 87401	Basin DK
4. Well Location		
Unit Letter A:	1030 feet from the North line and 1185	feet from the <u>East</u> line
Section 23 Town		County San Juan
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
	5512'	AND THE RESIDENCE OF THE PERSON OF THE PERSO
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
	<del>-</del>	_
TEMPORARILY ABANDON		
PULL OR ALTER CASING		I JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	□ Returned to Production
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
Spud Date:	Rig Release Date:	
72005		
Meter #: 73005		
TBG PSI: 1310		OIL CONS. DIV DIST. 3
CSG PSI: 1310		
Rate: 235 (mcfd)		MAR 0 3 201/
H2O Rate: 0		MARU
Gathering Co.: Enterprise		
RTP: 2/10/2017		
I hereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
18/2.1/4.1/	$1 / (n \cdot m) / 1$	
SIGNATURE_////////////////////////////////////	TYTLE Regulatory Compliance	e Specialist DATE 3/1/2017
, overes		
Type or print name Philana Thom	pson // E-mail address: pthompson@mer	rtion.bz PHONE: 505-324-5336
For State Use Only		0017
APPROVED BY AAA ALL 4	Ent Rocard Title	DATE AR 1 2 2017
APPROVED BY ARE 12 ZUITLE DATE A		