Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGEDUATION DIVIGION	30-045-09256
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE S
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Salita Pe, NIVI 67303	6. State Oil & Gas Lease No. 3130-01
87505		
	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Ruby Corscot
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other		8. Well Number
	Gas Well Zi Oulei	#1
2. Name of Operator Merrion Oil & Gas Corp		9. OGRID Number 14634
3. Address of Operator		10. Pool name or Wildcat
610 Reilly Ave, Farmington, NM 87401		Basin DK
4. Well Location		
		70 0 0 0 1
Unit Letter <u>C</u> :	790 feet from the North line and 18	50 feet from the West line
Section 25 Town	ship 30N Range 12W NMPM	County San Juan
	11. Elevation (Show whether DR, RKB, RT, GR, e	
	5568'	
12. Check	Appropriate Box to Indicate Nature of Notice	ee, Report or Other Data
NOTICE OF II	NTENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		ORK ALTERING CASING
TEMPORARILY ABANDON	_	DRILLING OPNS. P AND A
PULL OR ALTER CASING		ENT JOB L
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	□ Re-Delivery
13. Describe proposed or com	pleted operations. (Clearly state all pertinent details,	and give pertinent dates, including estimated date
of starting any proposed wo	work). SEE RULE 1103. For Multiple Completions:	Attach wellbore diagram of proposed completion
of recompletion.		
Spud Date:	Rig Release Date:	
<b>L</b>		
Meter #: 73351		
TBG PSI: 640		Dalin and a co
CSG PSI: 640		RCVD APR 3 '09
Rate: 187 (mcfd) H2O Rate: 0		STATE AND ADDRESS OF THE PARTY
Gathering Co.: Enterprise		OIL COMS. DIV.
Re-Delivery: 3/4/09		•
Re-Delivery. 3/4/03		OIL CONS. DIV. DIST. 3
Re-Delivery. 3/4/09		•
		(C)
	n above is true and complete to the best of my knowle	(C)
	n above is true and complete to the best of my knowle	(C)
	n above is true and complete to the best of my knowled to the best of	DIST. 3 edge and belief.
I hereby certify that the information SIGNATURE	TITLE Regulatory Complia	DIST. 3 edge and belief. nnce Specialist DATE 4/2/09
I hereby certify that the information SIGNATURE MULLING  Type or print name Philana Thom	TITLE Regulatory Complia	DIST. 3 edge and belief. nnce Specialist DATE 4/2/09
I hereby certify that the information SIGNATURE // MUNICIPAL Type or print name Philana Thom For State Use Only	TITLE Regulatory Compliants pson E-mail address: pthompson@	DIST. 3  edge and belief.  nnce Specialist DATE 4/2/09  merrion.bz PHONE: 505-324-5336
I hereby certify that the information SIGNATURE MULLING  Type or print name Philana Thom	TITLE Regulatory Compliants pson E-mail address: pthompson@	edge and belief.  Ince Specialist DATE 4/2/09  Intercion.bz PHONE: 505-324-5336  as Inspector. APR 0 7 2010