Submit 3 Copies To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II OH COM	NSERVATION DIVISION	30-025-22012
1301 W. Glalid Ave., Altesia, INVI 80210	South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	anta Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	unita 1 0, 11111 0 7 5 0 5	
87505	ADTO ON WELLO	K-3710
SUNDRY NOTICES AND REPO (DO NOT USE THIS FORM FOR PROPOSALS 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		WARREN STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other MAR 0 4 2016		8. Well Number 1
2. Name of Operator JAY MANAGEMENT COMPANY, LLC DECEIVED		9. OGRID Number 247692
3. Address of Operator	KEGE	10. Pool name or Wildcat
2425 WEST LOOP SOUTH, SUIT	E 810 HOUSTON,TX 77027	BAGLEY PERMO PENN NORTH
4. Well Location		
		1980feet from the EASTline
Section 28 Town		NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262' KB		
4202 NB		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	
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.		
of recompletion.		
1. Plan to enter well, remove down hole production equipment.		
2. TD the well and check for fill.		
3. Clean Perfs if necessary.		
4. Return to production.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE Operations Manager	DATE_02/29/2016
GIONATURE WY	Operations Manager	DATE UZIZAIZU IO
Type or print name Amir Sanker	E-mail address: asanker@israr	nco-jay.com PHONE: 713-417-6530
For State Use Only		
APPROVED BY:	TITLE Petroleum Engin	DATE 03/10/16
Conditions of Approval (if any):		