Office	e of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505		WELL API NO.
		30-025-22761 ✓ 5. Indicate Type of Lease
		STATE X FEE 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 Santa Fe, NW 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 PECEIVED		K-3895
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		Vera
I. Type of Well: Oil Well X Gas Well Other		8. Well Number 1
2. Name of Operator Jay Management Company, LLC		9. OGRID Number 247692
3. Address of Operator		10. Pool name or Wildcat
2425 West Loop South, Ste 810, Houston, TX 77027 4. Well Location		Bagley Permo Pen North
Unit Letter E : 1,980 feet from	the N line and	810 feet from the W line
Section 32 Townshi		NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,298' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	l SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABAN	DON REMEDIAL WORK	
TEMPORARILY ABANDON ☐ CHANGE PLANS PULL OR ALTER CASING ☐ MULTIPLE COMP	COMMENCE DRIL CASING/CEMENT	_
DOWNHOLE COMMINGLE		_
CLOSED-LOOP SYSTEM Add Perfs.	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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
This Well is rod and pump well, located in the field refe	erenced above.	
Jay Management plan to: Perforate @ 8,572' to 8,728'.		
Swab well back.		
Pump and acidize well with 15% HCL. Let acid sit overnight and then flowback to test tank. Possibly swab well during flowback.		
Put well back on production.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and cor	nplete to the best of my knowledge	and belief.
SIGNATURE	TITLE Operations Manager	DATE 03/24/2014
Type or print name Amir Sanker	E-mail address: asanker@isramco	PHONE: 713-417-6530
For State Use Only	Petroleum Engine	MAR 27 2014
APPROVED BY: Conditions of Approval (If any):	TITLE	DATEDATE