

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

June 19, 2008

WELL API NO.

30-025-22678

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SUE

8. Well Number

1

9. OGRID Number

247692

10. Pool name or Wildcat

BAGLEY PERMO PENN NORTH

SUNDRY NOTICES AND REPORTS ON WELLS

(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 PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

JAY MANAGEMENT COMPANY, LLC

3. Address of Operator

2425 WEST LOOP SOUTH, SUITE 810 HOUSTON, TX 77027

4. Well Location

Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line
Section 29 Township 11S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4311' KB

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

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.

1. Plan to enter well, TOOH with the plug.

2. TIH with tubing and rods.

3. Put the well back on production.

*Did NOT T/A WELL.
WILL RETURNED 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

Kacy Armstrong

TITLE Agent

DATE 05/09/2016

Type or print name Kacy Armstrong

E-mail address: operations@jaymgt.com

PHONE: 940-351-6008

For State Use Only

APPROVED BY:

Melissa Brown

TITLE

Dist Supervisor

DATE

5/9/2016

Conditions of Approval (if any):

MAY 10 2016