Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
District I Energy, Minerals and Natural Resources		Iral Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-22704
OIL CONSERVATION DIVISION		5	Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	District		State Oil & Gas Lease No.
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.)			Lease Name or Unit Agreement Name
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other			Well Number 1
2. Name of Operator JAY MANAGEMENT COMPANY, LLC			OGRID Number 247692
3. Address of Operator 2425 WEST LOOP SOUTH, SUITE 810 HOUSTON,TX 77027			Pool name or Wildcat BAGLEY PERMO PENN NORTH
4. Well Location	1	1.1.1	
Unit Letter G : 1980	feet from the NORTH	H line and 1980	feet from the EAST line
Section 32	Township 11S R	ange 33E NM	APM County LEA
11. Eleva	tion (Show whether DR	, RKB, RT, GR, etc.)	
	4287' GR		
12. Check Appropria NOTICE OF INTENTIO			ort or Other Data QUENT REPORT OF:
PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WOR         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DE		REMEDIAL WORK COMMENCE DRILLIN CASING/CEMENT JOI	G OPNS. P AND A
		OTHER:	
<ol> <li>Describe proposed or completed operation of starting any proposed work). SEE R or recompletion.</li> <li>05/03/2016 TOOH with 2-3/8" and</li> </ol>	RULE 1103. For Multip	le Completions: Attach	e pertinent dates, including estimated date wellbore diagram of proposed completion
05/04/2016 RIH with 2-3/8" tubing			2/8" tubing
		-	
05/05/2016 RIH with 2-3/8" tubing			o see shell and mud in the pit.
05/06/2016 TOOH with 2-2/3" tubi	ng and bit. lay down t	tubing and bit.	
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is tru	e and complete to the b	est of my knowledge and	belief.
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SIGNATURE Macy any	TITLE Agen	t	DATE_05/09/2016
Type or print name Kacy Amstrong For State Use Only	E-mail address	s: <u>operations@jaymgt</u>	.com PHONE: 940-351-6008
APPROVED BY: Acce	pted for Record O	nty	DATE
Conditions of Approval (if any):	5/9/2040		
	5/9/2016	2	
			MAY 1 0 2016 P