

Submit 3 Copies To Appropriate District
Office
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
HOBBS OCD
OIL CONSERVATION DIVISION
1020 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

RECEIVED JAN 29 2018		WELL API NO. 30-025-22017
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator JAY MANAGEMENT COMPANY, LLC		6. State Oil & Gas Lease No. K-2654
3. Address of Operator 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON, TX 77027		7. Lease Name or Unit Agreement Name CHRISTENSEN STATE
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>11S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4264.7' GR		9. OGRID Number <u>247692</u>
		10. Pool name or Wildcat <u>NORTH BAGLEY; PERMO PENN, NORTH</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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, remove down hole production equipment.
2. TD the well and check for fill.
3. Run a retrievable bridge plug or packer to within 100 feet of uppermost perforations.
4. Pressure test to 500 psi for 30 minute.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

*C.O.A.
SUBMIT CURRENT
WELL BORE DIAGRAM.
MSS.*

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 Clayton Griffin TITLE District Manager DATE 01/29/2018

Type or print name Clay Griffin E-mail address: cgriffin@jaymgt.com PHONE: 574-707-5691

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 1/29/2018

Conditions of Approval (if any):

NO REPORTED PROD. - 61 MONTHS

MB