Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 88240	gy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	CONCEDIMENTAL DIVISION	30-025 -22017 00036
District II 1301 W. Grand Ave., Artesia, N JAN 13 0 2018	CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
District IV 1220 S. St. Francis Dr., Santa RECEIVED	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		K-2654
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO DRI		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR		NEW MEXICO "B" STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other	8. Well Number 2
Name of Operator JAY MANAGEMENT		9. OGRID Number 247692
3. Address of Operator	OOM ANT, LLO	10. Pool name or Wildcat
·	SUITE 750 HOUSTON,TX 77027	MESCALERO PERMO PENN
4. Well Location		
Unit Letter A : 331	feet from the NORTH line and	994'feet from the _EASTline
	Township 10S Range 32E	NMPM County LEA
11. Eleva	tion (Show whether DR, RKB, RT, GR, etc. 4265' GR)
	4205 GR	A 24 8 株式 4 年 6 日 4 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年
12. Check Appropriat	e Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION PERFORM REMEDIAL WORK ☑ PLUG AN	N TO: SUB ID ABANDON □ REMEDIAL WOR	SEQUENT REPORT OF: K
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPL	E COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	
		d give pertinent dates, including estimated date
of starting any proposed work). SEE R or recompletion.	ULE 1103. For Multiple Completions: At	tach wellbore diagram of proposed completion
or recompletion.		1.0.A.
1. Plan to enter well, remove dowr	hole production equipment.	C. U.A.
2. TD the well and check for fill.	51	BMIT C-102 Newform
3. Clean Perfs if necessary.		
4. Return to production.		DECLBORE DIAGRAM
	_ C	-103 SUBSEQUENT
		W/ well test AND
		W/ Well test AND 15+ DAY RETURN TO SAS CAPTURE PLAN PROD.
	-/	AS CAPTIPE PLAN PROD.
	_	SAN O
Spud Date:	Rig Release Date:	mak.
The description of the descripti	* 1	
I hereby certify that the information above is true	e and complete to the best of my knowledg	e and belief.
(Vayto X)		:
SIGNATURE CONTRACTOR	TITLE <u>District Manager</u>	DATE01/29/2018
Type or print name Clay Griffin	E-mail address: cgriffin@aymgt	com PHONE: 574-707-5691
For State Use Only		
APPROVED BY: Waley Stowk TITLE AO/IL DATE 1/30/2018		
Conditions of Approval (if any):		1 1 1 2 1 2
V		