Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM ARO 1 5 2098 CONSERVATION DIVISION District III	30-025- 22017- 00036
	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, RECEIVED	K-2654
87505 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 PROPOSALS.)	NEW MEXICO "B"
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other	8. Well Number 2
2. Name of Operator JAY MANAGEMENT COMPANY, LLC	9. OGRID Number 247692
3. Address of Operator 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON,TX 77027	10. Pool name or Wildcat MESCALERO PERMO PENN
4. Well Location	MESCALERO FERMO FERM
221	94' feet from the EAST line
Section 27 Township 10S Range 32E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County LEA
4265' GR	ALE MALLINE AND A
12. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
OTHER: OTHER:	
 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.	
or recompression.	
The well is currently filled from 5275' to total depth of well and inoperable in its present condition.	
Set CIBP @ 5200' RIH TBG & spot 100' plug on top of CIBP.	
0	
Temporarily Abandon well to evaluate the San Andres formation.	
remporantly Abandon well to evaluate the San Andres formation.	
	:
Saud Data	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	and helief
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
Allerta Alle	and belief.
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE	and belief. DATE03/15/2018
SIGNATURE	DATE 03/15/2018
SIGNATURE TITLE District Manager Type or print name Clay Griffin E-mail address: cgriffin@aymgt.	DATE 03/15/2018
SIGNATURE	DATE 03/15/2018
SIGNATURE	DATE 03/15/2018
SIGNATURE	DATE_03/15/2018 com PHONE: 574-707-5691
SIGNATURE	DATE_03/15/2018 com PHONE: 574-707-5691 2600 2000

