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 88210	OIL CONSERVATION DIVISION	30-025-22017
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ✓ FEE □
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	,	K-2654
87505		
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR, USE "APPL	CICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BASE A ICATION FOR PERMIT" (FORM C-101) TO THE PROPERTY OF TH	7. Lease Name or Unit Agreement Name CHRISTENSEN STATE
PROPOSALS.)	Gas Well Other APR 26201	8. Well Number 1
	Gas Well Other	OCCUPATION AND A STATE OF THE S
2. Name of Operator JAY MANA	AGEMENT COMPANY, LLC	8. Well Number 1 DOGRID Number 247692 10. Pool name or Wildcat
3. Address of Operator	RECL	10. Pool name or Wildcat
	P SOUTH, SUITE 750 HOUSTON,TX 77027	BAGLEY; PERMO PENN, NORTH
4. Well Location		2
Unit Letter:	1980 feet from the SOUTH line and	660feet from theWESTline
Section 16	Township 11S Range 33E	NMPM County LEA
《中国》,"自己的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	4264.7' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	NTENTION TO: SUB	SSEQUENT R
PERFORM REMEDIAL WORK □		
TEMPORARILY ABANDON		RILLING OPNS. P&A NR
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE		Fac II
OTHER:	CTHER: RAA	NT Con Barrier
	pleted operations. (Clearly state all pertinent details, and	and give pertinent dates including estimated date
	ork). SEE RULE 1103. For Multiple Completions: A	
or recompletion.		
		F
All tanks and equipmen	t have been removed from location.	
		amove all of their property from lease
Jay Management contacted Leaco electric and Targa gas to have them remove all of their property from lease. Jay Management request for final inspection be done.		
Jay Management reque	est for final inspection be done.	
		ii ii
Spud Date:	Rig Release Date:	*
I hereby certify that the information	above is true and complete to the best of my knowledge	ge and belief.
(11) 4	$\rightarrow \sim \sim$	
SIGNATURE CONTE	TITLE District Manager	DATE 04/26/2018
	District Manager	DATE_04/26/2018
Type or print name Clay Griffin	E-mail address: cgriffin@jaymo	gt.com PHONE: 574-707-5691
For State Use Only		
APPROVED BY: Kerry For	ut. Comple of	00:
Conditions of Approval (if any):	THE CONFIGNACE O	fficer DATE 5-4-18
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