Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDUATION DIVISION	30-025-00037
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 2505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		E-1311
SUNDRY NO	TICES AND REPORTS CHELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROI	POSALS TO DRILL OR TO CLEYEN OR PLACE BACK TO A	
PROPOSALS.)	LICATION FOR PERM OF ORM C-1003 FOR SUCH	NEW MEXICO "B"
1. Type of Well: Oil Well	Gas Well Other W	8. Well Number 3
Name of Operator JAY MANAGEMENT COMPA	NY, LLC	9. OGRID Number 247692
3. Address of Operator	RE	10. Pool name or Wildcat
	SUITE 750, HOUSTON, TEXAS 77027	MESCALERO PERMO PENN
4. Well Location Unit Letter B	: 2327 feet from the EAST line and	334 feet from the NORTH line
Unit Letter B Section 27	m I' n	NAPLY C
Section 27	11. Elevation (Show whether DR, RKB, RT, GR, et	
4320' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO: 1 7 " SL	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON [PULL OR ALTER CASING [<u> </u>	DRILLING OPNS.□ PANDA □ ENT JOB □
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	_ [_
OTHER:	OTHER:	and give pertinent dates, including estimated date
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
Jay Management intend to plug and abandon this well		
day managaman mena to plag and daaman and man		
pa planned 6-20		
pA planned 6-20 working on procedure		
Spud Date:	Rig Release Date:	
<u></u>		
I hereby cartify that the information		
Thereby certify that the information	a should be true and complete to the hest of my knowle	dge and helief
	n above is true and complete to the best of my knowle	dge and belief.
Jan Jan	_	
SIGNATURE	TITLE Production Analys	t
Type or print name Nhi le	_	t
	TITLE Production Analys	t