HOBBS OCD

JUL 3 0 2020

RECEIVED

Submit One Copy To Appropriate District Office	State of New M				Form C-103	
District I	Energy, Minerals and Nat	ural Resources	WELL API N		November 3, 2011	
625 N. French Dr., Hobbs, NM 88240 District II			30-025-22378			
811 S. First St., Artesia, NM 88210 District III	S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Flancis DI.		STATE Z FEE			
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM 87505			<u>E- 14</u>	<u>E- 1442 & K-3710</u>		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Nar	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.)				8. Well Number		
1. Type of Well: 2 Oil Well Gas Well Other						
2. Name of Operator JAY MANAGEMENT LLC			9. OGRID N	9. OGRID Number 247692		
3. Address of Operator			10. Pool name or Wildcat			
1001 WEST LOOP SOUTH, STE 750, HOUSTON, TEXAS, 77027				NORTH BAGLEY PENN		
4. Well Location						
Unit Letter : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line						
Section <u>28</u> Township <u>11S</u> Range <u>33E</u> NMPM <u>LEA</u>						
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc.)			
	<u>4280'KB</u>				d	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔽	REMEDIAL WOR				
	CHANGE PLANS					
PULL OR ALTER CASING						
OTHER:						
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.						
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.						
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the						
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR						
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. AII INFORMATION HAS BEEN WELDED OR						
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.						
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.						
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.						
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with						
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.						
In the search well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have						
to be removed.)						
All other environmental concerns have been addressed as per OCD rules.						
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-						
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well						
location, except for utility's distribution		ical service poles al	id filles have be	ch lenioved h	bill lease and well	
When all work has been completed, re		District office to scl	hedule an inspec	ction.		
7.						
SIGNATURE	TITLE	Production Ana	lyst	DATE <u>7/</u>	14/2020	
TYPE OR PRINT NAME <u>Nhi Le</u>	E-MAIL	nle@iaymgt.com		PHONE:	713-621-6785	
For State Use Only	A . A		٨		_	
APPROVED BY: Kerny	tub	<u>C</u> 0	A-	DATE_	8-27-20	