Submit 1 Copy To Appropriate Di	Diato	State of New Mexico			Form C-103		
Energy, Minerals and Natural Resources  1625 N. French Dr., Hobbs, NM 88240 HOBBS OCCURRENTION DIVISION  1301 W. Grand Ave., Artesia, NM 88210  District III  2 0 20 1220 South St. Francis Dr.				WELL API N 30-025-221	IO.	October 13, 2009	
District II OIL CONSERVATION DIVISION							
District III 1220 South St. Francis Dr.				5. Indicate T STAT		EEE 🔽	
District III 1000 Rio Brazos Rd., Aztec, NM 874101 29 2011 1220 South St. Francis Dr. Santa Fe, NM 87505				6. State Oil &	<u> </u>		
1220 S. St. Francis Dr., Santa Fe, NM 87505				26537			
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				JFG COLLIER			
PROPOSALS.) 1. Type of Well: Oil Well  Gas Well  Other				8. Well Number 1			
2. Name of Operator JAY MANAGEMENT CO., LLC				9. OGRID Number 247692			
2 Address of Operator				10. Pool nam	ne or Wildcat		
2425 WEST LOOP SOUTH - STE 810; HOUSTON, TX 77027					Y PERMO PE		
4. Well Location							
Unit LetterD	iicct from		mie und		t from the	WEST line	
Section	, 10wnship		nge 33E	NMPM	County	/ LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 4302'							
				_			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE	OF INTENTION TO:			SEQUENT			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK REMEDIAL WORK REMEDIAL WORK							
TEMPORARILY ABANDON							
DOWNHOLE COMMINGLE				,	_		
OTHER:			OTHER:				
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.							
1. Plan to re-enter well, pull rods and tubing.							
2. Test casing and perforations to determine source of excessive water production.							
3. Squeeze cement as warranted as per OCD specifications.							
NOTE: Any casing leak or perforation to be squeezed will be cleared with OCD Field office prior to work.							
4. Return well to production.							
Spud Date: Au	gust 2011 R	tig Release Da	tar				
Spud Date.	9.00.00.00	ing Release Da	ic.	<del></del>			
I hereby certify that the infor	mation above is true and com	plete to the be	est of my knowledge	e and belief.			
	( 10)						
SIGNATURE /	L A Myent	ritle	SENIOR STAFF EN	IGINEER	_DATE	28-JUL-2011	
Type or print name	RON GILBREATH J	E-mail address	rgilbreath@isra	mco.jay.com	PHONE: 71	3/456-7892 Ext 309	
For State Use Only	201			······································			
APPROVED BY	T	TITLE 57	AH M	<del>2</del>	DATE &	-1-2011	
Conditions of Approval (if an				<del>/</del>	_5/11L_ <u></u>	, <u> </u>	