

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-21783
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <i>private</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BELL A
8. Well Number 1
9. OGRID Number 247692
10. Pool name or Wildcat BAGLEY PERMO PENN NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4210' KB

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator JAY MANAGEMENT COMPANY, LLC

3. Address of Operator
2425 WEST LOOP SOUTH, SUITE 810 HOUSTON TX 77027

4. Well Location
Unit Letter C : 720 feet from the NORTH line and 1980' feet from the WEST line
Section 21 Township 11S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4210' KB

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Plan to enter well, remove down hole production equipment.
2. TD the well and check for fill.
3. Clean Perfs if necessary.
4. Return to production.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Amir Sanker TITLE Operations Manager DATE 02/29/2016

Type or print name Amir Sanker E-mail address: asanker@isramco-jay.com PHONE: 713-417-6530

For State Use Only

APPROVED BY: Petroleum Engineer TITLE Petroleum Engineer DATE 03/10/16

Conditions of Approval (if any):

MAR 10 2016