Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008	
1625 N. French Dr., Hobbs, NM 88240	240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-22678 5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM-8	37505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
	ICES AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN OR P CATION FOR PERMIT" (FORM C-101) I	LUG BACK TO A	7. Lease Name or Unit Agreement Name SUE	
1. Type of Well: Oil Well	Gas Well Other	APR 2 1 2016	8. Well Number 1	
2 Name of Operator	GEMENT COMPANY, LLC	DECENTER	9. OGRID Number 247692	
3. Address of Operator		KECEIVEL	10. Pool name or Wildcat	
	P SOUTH, SUITE 810 HOUSTO	ON,TX 77027	BAGLEY PERMO PENN NORTH	
4. Well Location	660 feet from the SOUT	'L 1'1 (SEO Sout Sound to WEST Line	
Unit Letter M : Section 29	rect nom the	7 1 - 1	660 feet from the WEST line	
Section 29	Township 11S F		NMPM County LEA	
4311' KB				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	ILLING OPNS. P AND A	
OTHER:		OTHER:		
13. Describe proposed or comp	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, re	move down hole production equ	uipment.		
	2. TD the well and check for fill.			
		foot of uppermost	norforations	
Run a retrievable bridge plug or packer to within 100 feet of uppermost perforations.				
4. Pressure test to 500	psi for 30 minute.	Candia	ion of Annual notific	
(.D.A.	. 5007	Condit	ion of Approval: notify	
SUBMIT CULLBORE OCD Hobbs office 24 hours prior of running MIT Test & Chart				
SUBMIT Test & Chart prior of running MIT Test & Chart				
DIAGEN	LEDUBAT L	prior or r		
SUB	200			
Spud Date:	Rig Release I	Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	TITLE Ope	rations Manager	DATE_04/18/2016	
Type or print name Amir Sanker	E-mail addre	ss: asanker@israr	nco-jay.com PHONE: 713-417-6530	
For State Use Only				
APPROVED BY: Conditions of Approval (if any):	THILE D	lest Supe	WUSON DATE 4/21/2016	

NO PROD REPORTED - 24 MONTHS

APR 2 2 2016