

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

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.)		WELL API NO. 30-025-00035
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator JAY MANAGEMENT COMPANY, LLC		6. State Oil & Gas Lease No. E-1311
3. Address of Operator 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON, TX 77027		7. Lease Name or Unit Agreement Name New Mexico "B"
4. Well Location Unit Letter <u>B</u> : <u>1980</u> feet from the <u>EAST</u> line and <u>660</u> feet from the <u>NORTH</u> line Section <u>27</u> Township <u>10S</u> Range <u>32E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4329' GL		9. OGRID Number 247692
10. Pool name or Wildcat Devonian		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Return to production <input checked="" type="checkbox"/>	

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.

May 2014
 Jay Management work on the well to restore production.
 Jay Management install all the electric equipment on surface.
 All the electric equipment was stolen.

August 2017
 Jay Management install all the electric equipment.
 Put well back on production

HOBBS OCD

AUG 28 2017

RECEIVED

Need to Submit Current C-104

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 *Clayton Griffin* TITLE Field Supervisor DATE 08/25/2017
 Type or print name Clay Griffin E-mail address: cgriffin@jaymgt.com PHONE: 574-707-5691
For State Use Only

APPROVED BY: Accepted for Record Only DATE _____
 Conditions of Approval (if any):

*MSBROWN 8/29/2017
 No Prod Reported - 197 months*