

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

Form C-103  
 June 19, 2008

HOBBS OCD  
 APR 17 2018  
 RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		WELL API NO. 30-025-22017
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. K-2654
3. Address of Operator 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON, TX 77027		7. Lease Name or Unit Agreement Name CHRISTENSEN STATE
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>11S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
		9. OGRID Number 247692
		10. Pool name or Wildcat BAGLEY; PERMO PENN, NORTH
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4264.7' GR

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

<p><b>NOTICE OF I</b></p> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____	<p><b>SUBSEQUENT REPORT OF:</b></p> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____
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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.

03/21/2018 : Attempted to Set CIBP at 8618'. Call OCD for instruction.  
 Set CIBP at 8443' and pump 25 sx class H cmt (Per Kerry w/OCD). Tag at 8090'.

03/22/2018 : Perforate at 6200' attempted to squeeze. Call OCD for instruction.  
 Pump balance plug at 6250' with 20 sx class C cmt (Per Mark w/OCD). Tag at 5950'.

03/23/2018 : Perforate at 3800'. Squeeze 30 sx class C cmt. Tag at 3590'. Perforate at 2400' attempted to squeeze. Call OCD for instruction. Pump balance plug at 2450' with 25 sx class C cmt (Per Mark w/OCD). Tag at 2150'.

03/24/2018 : Perforate at 1700'. Squeeze 60 sx class C cmt. Tag at 1590'. Perforate at 375'. Squeeze 80 sx class C cmt. Tag at 240'.

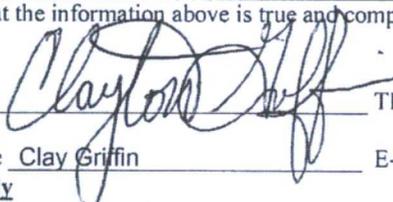
03/25/2018 : Perforate at 100'. Squeeze 60 sx class C cmt. Circulate cmt to surface.

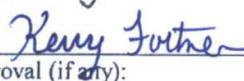
04/10/2018 : Cut off wellhead 3' below ground level and install upright P&A marker.

Spud Date: 03/17/2018 Rig Release I \_\_\_\_\_

**Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.**  
 Restoration Due By 03-25-2019

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

SIGNATURE  TITLE District Manager DATE 04/16/2018  
 Type or print name Clay Griffin E-mail address: cgriffin@jaymgt.com PHONE: 574-707-5691  
**For State Use Only**

APPROVED BY:  TITLE Compliance Officer DATE 4-17-18  
 Conditions of Approval (if any): \_\_\_\_\_