			i	
Submit 3 Copies To Appropriate	Distri	ct State of New Mexico	Form	C-103
Office District I		Energy, Minerals and Natural Resources		19, 2008
1625 N. French Dr., Hobbs, NM District II	88.∓	OBBS OCD	WELL API NO.	
	M 882	OIL CONSERVATION DIVISION	30-025-22811 5. Indicate Type of Lease	
District III	0741	OCT. 09 2018:20 South St. Francis Dr. Santa Fe. NM 87505	STATE 7 FEE	
			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe 87505	NM	RECEIVED		
01505	11.	OTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement	Name
		POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		
PROPOSALS.)	E "AP	PLICATION FOR PERMIT" (FORM C-101) FOR SUCH	G S State	
1. Type of Well: Oil We	ΙV	Gas Well Other	8. Well Number 1	
2. Name of Operator	МД	NAGEMENT COMPANY, LLC	9. OGRID Number 247692	
	IVIA	VAGENIENT CONFANT, EEC		
3. Address of Operator		OOP SOUTH, SUITE 750 HOUSTON,TX 77027	10. Pool name or Wildcat	. T
4. Well Location	-	70F 300TH, 30TTE 730 HOUSTON, 1X 77027	BAGLEY PERMO PENN NOR	IH
Unit Letter	5	: 2086 feet from the NORTH line and	1874 feet from the EAST	lima
Section Unit Letter	[itee nom me and		line
74 W 75 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		B. 3-1		\ ************************************
Section 1		4301' GL	Man a manin and	
A CONTRACTOR OF THE PROPERTY O			Port 2000 (2011 (1000 (2011))	البعنسيدوسات
12.	Chec	k Appropriate Box to Indicate Nature of Notice.	. Report or Other Data	
			•	
	Pi i		SSEQUENT REPORT OF:	
PERFORM REMEDIAL W	8.1		<u> </u>	
TEMPORARILY ABANDO PULL OR ALTER CASINO	8 5 l	☑ CHANGE PLANS ☐ COMMENCE DE CASING/CEMEN ☐ CASING/CEMEN	RILLING OPNS.□ P AND A NT JOB □	
DOWNHOLE COMMINGL	E	CASING/CEMEN	41 30B	
DOWNINGE COMMITTEE				
OTHER:		☐ OTHER:		
		mpleted operations. (Clearly state all pertinent details, an		
or starting any pro	posed	work). SEE RULE 1103. For Multiple Completions: A	thach wellbore diagram of proposed con	mpletion
or recompletion.				ı
1. Plan to enter	well		N	
2. TD the well a	nd c	peck for fill		
	03	ithin 100 fact of unnerment perfections		
·	RI	ithin 100 leet of uppermost penforations.	NOT TIA.	
4. Pressure tes	to 5	00 psi for 30 minute and T/A.	3=0-04	
MAN TO	7.1	TI)FSS NO PROD	uation reported	•
000010		1,000	294 Months.	
OCD TO TEST O	NL	- Y·	NOT T/A. UCITON REPORTED 294 MOTHS. WILL	
,		/	WWW.	
			·	
CI D		D. D.I. D.		
Spud Date:		Rig Release Date:	·	ļ
I hereby certify that the infe	mat	on aboye is true, and complete to the best of my knowleds	re and belief	
1 hereby certify that the his		on above 19 ductaind complete to the best of my knowledg	ge and benen.	
11 1/2	1	a Hilli		
SIGNATURE	mo	TITLE Operations Manager	DATE 10/05/2018	
T	L	[] [] [] [] [] [] [] [] [] []	NIONE 571	5001
Type or print name Clay(C For State Use Only	Primin	E-mail address: cgriffin@jay	mgt.com PHONE: 574-707-	5691
1 of State Use Offiv	L J	MR 10/-	10/0/	
APPROVED BY:	<i>ye</i>	USDIOUMTITLE AD II	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	2018
Conditions of Approval (if	fry):	/ ,		
	III.	M	į	