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

HOBBS OCD
OCT 22 2018
RECEIVED

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

WELL API NO.	30-025-22811
5. Indicate Type of Lease	STATE ☑ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	G S State
8. Well Number	1
9. OGRID Number	247692
10. Pool name or Wildcat	BAGLEY PERMO PENN NORTH

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: 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON,TX 77027
4. Well Location
   Unit Letter G : 2086 feet from the NORTH line and 1874 feet from the EAST line
   Section 8 Township 11S Range 33E NMPM County LEA
11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 4301' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER: Convert to SWD	☑			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. Jay Management perform casing integrity test 10/11/2018
2. Evaluate this well for SWD.

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 [signature] TITLE District Manager DATE 10/17/2018

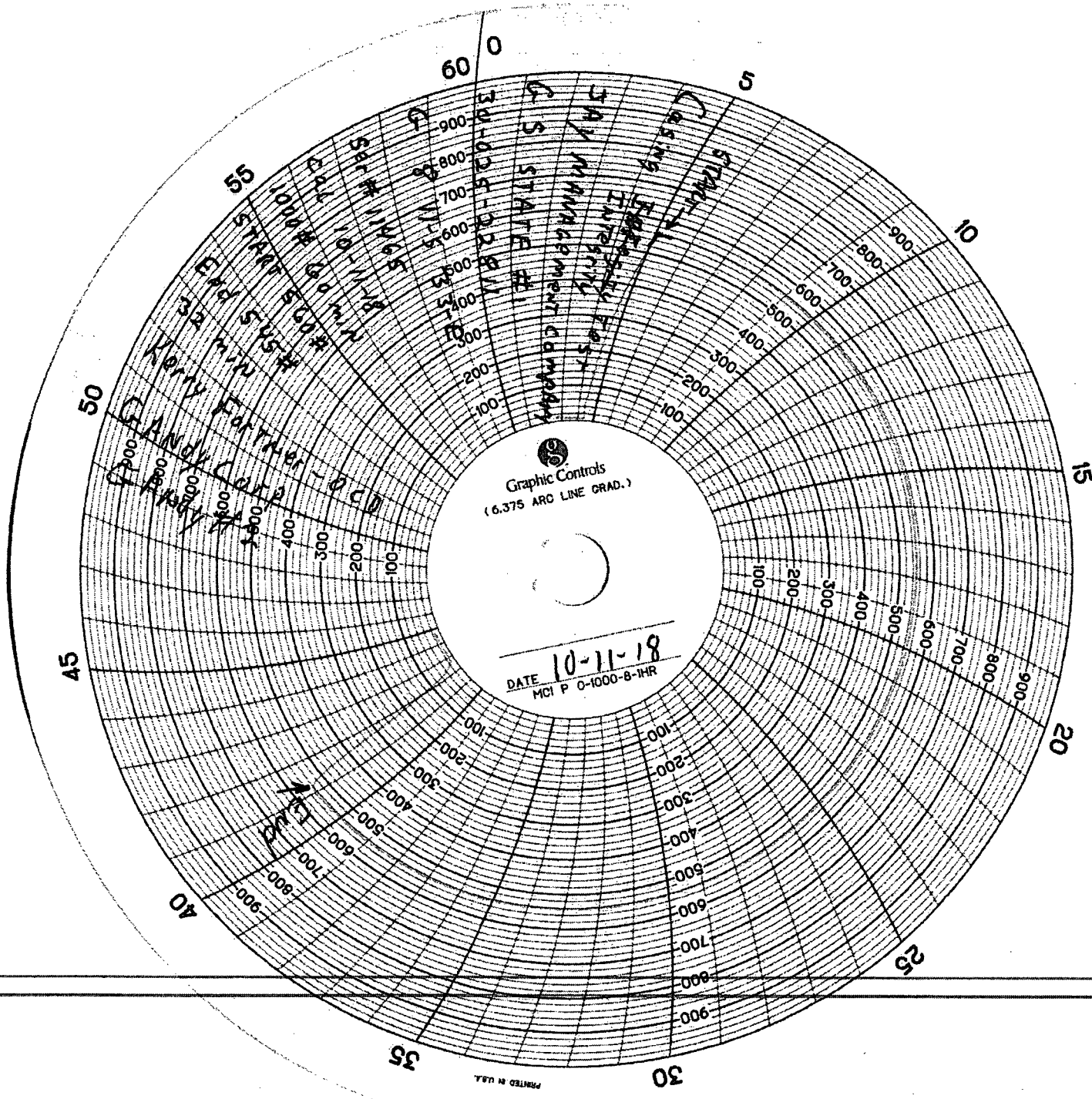
Type or print name Clay Griffin E-mail address: cgriffin@jaymgt.com PHONE: 574-707-5691

For State Use Only

APPROVED BY: Accepted for Record Only TITLE DATE

Conditions of Approval (if any): MBrown 10/22/2018

MB


Graphic Controls
(6.375 ARC LINE GRAD.)
DATE 10-11-18
MCI P 0-1000-8-1HR
Casing
Integrity Test
Jay Management Company
G S STATE #1
Ser # 11465
Cal 10-11-18
1000# 60 min
Kerry Fortner - OCD
Gandy Corp
Gandy #1
Gandy
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