

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

HOBBS OGD
RECEIVED
 OCT 1 9 2019

State of New Mexico
 Energy, Minerals and Natural Resources
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 June 19, 2008

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. 30-025-21944
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-3905
3. Address of Operator 1001 WEST LOOP SOUTH, SUITE 750 HOUSTON, TX 77027		7. Lease Name or Unit Agreement Name Sunray B State
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>29</u> Township <u>11S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
		9. OGRID Number <u>247692</u>
		10. Pool name or Wildcat North Bagley L. Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4307 KB		

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: Temporary Abandon <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.

Well information:
 April 1996- Discovery Operating Recomplete the Abo formation.
 July 29 2019 Set CIBP @7400' and cap w/35' class C cement (Wireline)
 September 13 2019 Pressure test for 32 minutes start from 580 psi end 570 psi (see attached chart) and temporary abandon.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9-16-24
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X 7

Spud Date: Rig Relea _____

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

SIGNATURE [Signature] TITLE Production Analyst DATE 09/27/2019

Type or print name Nhi Le E-mail address: nle@jaymgt.com PHONE: 713-621-6785
For State Use Only

APPROVED BY: [Signature] TITLE C.O. A DATE 10-10-19
 Conditions of Approval (if any): _____

District I
 1625 N French Dr., Hobbs, NM 88240
 Phone (575) 193-6161 Fax (575) 393-0720

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

JAY MANAGEMENT		Operator Name	30-025-21944-00-00	
SUNRAY B STATE			Property Name	001 Well No.

² Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
K	29	11-S	33-E	1980	S	1980	W	LEA

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
<input checked="" type="radio"/> YES NO	<input checked="" type="radio"/> YES NO	INJ SWD	OIL GAS	9/16/19

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	NA	NA	NA	0	0
Flow Characteristics					CO ₂ <u>TA</u>
Puff	Y / N	Y / N	Y / N	Y / 0	WTR _____
Steady Flow	Y / N	Y / N	Y / N	Y / 0	GAS _____
Surges	Y / N	Y / N	Y / N	Y / 0	If applicable type
Down to nothing	Y / N	Y / N	Y / N	0 / N	fluid injected for
Gas or Oil	Y / N	Y / N	Y / N	Y / 0	Waterflood
Water	Y / N	Y / N	Y / N	Y / 0	

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

MIT TEST

Basic Energy Serv
 Ser# DCM 99
 Cal 9-13-19

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 9/16/19	Phone:		
Witness: KERRY FORTNER-OCD			

575-399-3221

