Submit I Copy To Appropria	propriate District State of New Mexico					Form C-103		
Office District I	Energy, Minerals and Natural Resources					10 /	October 13, 2009	
1625 N. French Dr., Hobbs, I	NM 88240	48			WELL API N 30-025-009			
	District II 1301 W. Grand Ave., Artesia, MOSES OCOOIL CONSERVATION DIVISION					5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 F 2011					STATE 🔽 FEE 🗆 🗸			
District IV 1220 S. St. Francis Dr., Santa Fe, NM S7410 Santa Fe, NM S7505						& Gas Lease N	10.	
87505					K-2654			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR TROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						ne or Unit Ag	reement Namé	
(DO NOT USE THIS FORM FOR TOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH						STATE NBN /		
PROPOSALS.)						ber	1	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator						9. OGRID Number		
JAY MANAGEMENT Co, LLC						umoer	247692	
3. Address of Operator 2425 W. LOOP SOUTH - STE 810; HOUSTON, TX 77027						ne or Wildcat		
						BAGLEY PERMO PENN NORTH		
4. Well Location	N :	660 feet fro	om the SOU	TH 1500 - 1 97	ラン 1982.5 fee	4 C 41	WEST line	
Unit Letter Section	:: 16	660 feet fro Towns		$\frac{TH}{Lange}$ line and $\frac{V}{V}$	NMPM	t from the County		
Section				R, RKB, RT, GR, etc.		County	LEA	
			4280' GR	· · · · · · · · · · · · · · · · · · ·	,			
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12	. Check Ap	propriate Box	to Indicate N	Nature of Notice,	Report or Ot	her Data		
NOTIO	CE OF INT	ENTION TO	:	SUB	SEQUENT	REPORT (OF:	
PERFORM REMEDIAL WORK Z PLUG AND ABANDON REMEDIAL WOR							NG CASING 🔲	
TEMPORARILY ABANI	EMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DR] PANDA		
PULL OR ALTER CASI		MULTIPLE COM	IPL 🔲	CASING/CEMEN	TJOB []		
DOWNHOLE COMMIN	GLE 🔲							
OTHER:				OTHER:				
13. Describe propos								
of starting any proposed comp			9.15.7.14 NMA	C. For Multiple Co.	mpletions: Atta	ich wellbore d	liagram of	
		-		and determine and	itian af anaina h		41	
				and determine cond aced back into produ				
				•	, 1 30		y	
Spud Date:	MAY - 2011		Rig Release D	ate:				
I hereby certify that the i	nformation ab	ove is true and c	omplete to the h	est of my knowledg	e and belief			
			op.0.0 to c	out or my mio mode	,,			
CICNATURE	Pen ,	dia D	TITL F	Senior Staff En	nineer	DATE	30-Apr-2011	
SIGNATURE	1900 E	Wilbrigh	_ TITLE	- Comor Otan En	911001	_DATE	30-Api-2011	
Type or print name	Ron Gil	breath	E-mail addres	s: rgilbreath@isra	ımco-jay.com	PHONE: 71	3/456-7892 Ext	
For State Use Only	2	0/		****				
APPROVED BY:	12		TITLE C	STAHL ME	<i>5</i>	DATE 4	10-2011	
Conditions of Approval	if any):	- 4		DIFIFE PROP		_UATE	in colf	
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