Submit 1 Copy To Ap Office	•	State of New Mexico			Form C-103 October 13, 2009
District 1 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources				WELL API NO.	October 13, 2009
District II 1301 W. Grand Ave., Artesia, NHOEBS OCDIL CONSERVATION DIVISION				30-025-28545 <b>/</b> 5. Indicate Type of Le	ease
District III 1220 South St. Francis Dr.				STATE	FEE 🔽 🗸
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Gas Le	ase No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR INSECTION OF PLUG BACK TO A				7. Lease Name or Uni	t Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				BE	SS /
1. Type of Well: Oil Well 🔽 Gas Well 🔲 Other /				8. Well Number	2
2. Name of Operator  JAY MANAGEMENT Co, LLC				9. OGRID Number	247692
3. Address of Operator 2425 W. LOOP SOUTH - STE 810; HOUSTON, TX 77027				10. Pool name or Wild BAGLEY PERM	dcat O PENN NORTH
4. Well Location Unit Letter A: 660 feet from the NORTH line and 660 feet from the EAST line					
Unit Lett Section			ΓH line and ange 33E		e <u>EAST</u> line punty LEA
		on (Show whether DR			
		4289' KB			The second second second second
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 TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRIL					TERING CASING   ND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB					
DOWNHOLE COM	MMINGLE				
OTHER:	proposed or completed operation	ons (Clearly state all	OTHER:	d give partinent dates, in	aluding estimated date
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
1. Plan to enter well & remove down hole production equipment and determine condition of casing by pressure testing.					
2. Based on conditions found - well will be either repaired and placed back into production or plugged and abandoned/					
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Spud Date:	April - 2011	Rig Release Da	ate:	j	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
	~ 0				
SIGNATURE	Keen selbeak	TITLE	Senior Staff Eng	gineerDATE_	30-Apr-2011
Type or print name For State Use Only	Ron Gilbreath	E-mail address	s: rgilbreath@isra	mco-jay.com PHONE	E: 713/456-7892 Ext
APPROVED BY	700	TITLE S	ALLINGS	DATE	5-10-2011
Conditions of Appr	oval (if any):		1190	DATE_	er /(1) " (1)!!