

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 448-2335  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87401  
 District IV - (505) 476-3480  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-005-64212
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V0-9290
7. Lease Name or Unit Agreement Name Kobe 22
8. Well Number #1Y
9. OGRID Number 26307
10. Pool name or Wildcat Wolflake; San Andres, S.

**RECEIVED**  
 SUMMARY 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 Jalapeno Corporation

3. Address of Operator P.O. Box 1608  
Albuquerque, NM 87103

4. Well Location  
 Unit Letter E : 2190 feet from the North line and 280 feet from the West line  
 Section 22 Township 9-S Range 27-E NMPM County Chaves

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Perforation <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/16/15 Perforated well with 27 shots as follows:  
 Perforated 2070-2074 (9 shots @ 2sht/ft).  
 Perforated 2082-2086 (9 shots @ 2sht/ft).  
 Perforated 2090-2094 (9 shots @ 2sht/ft).

The above perforation were acidized by Pacesetter with 2,000 gallons of 20% acid.

Spud Date: 10/7/14 Rig Release Date:  

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

SIGNATURE *H. Emmons Yates III* TITLE Vice President DATE 2/27/2015

Type or print name H. Emmons Yates III E-mail address: eyates@jalapenocorp.com PHONE: 505-242-2050

**For State Use Only**  
 APPROVED BY: *JD Dade* TITLE *District Supervisor* DATE 3/13/15

Conditions of Approval (if any):