			-	$\langle \omega \rangle$
Submit 3 Copies To Appropriate District Office	State of New Me		C	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu	iral Resources	WELL API NO.	Revised March 25, 1999
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION	DIVISION	30-015-0455	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		5. Indicate Type of Lease STATE XX FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505			Gas Lease No.
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.)			E-2211 7. Lease Name o	r Unit Agreement Name:
1. Type of Well: Oil Well Gas Well Other			Vatos State	
2. Name of Operator			Yates State 8. Well No.	
Jalapeno Corporation 3. Address of Operator P.O. Box 1608, Albuquerque, NM 87103-1668			1	Wildcat Benson Queen
4. Well Location			Grayburg_No	rth
<u> </u>	980 feet from the North		30feet fro	m the <u>East</u> line
Section 32 Township 18S Range 30E NMPM County Eddy 10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3422 GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTE PERFORM REMEDIAL WORK ☐ PI	INTION TO:		SEQUENT RE	
TEMPORARILY ABANDON			ILLING OPNS. PLUG AND	
	IULTIPLE COMPLETION	CASING TEST AN	_	ABANDONMENT
OTHER: Well Name Changes	XX	OTHER:		,
 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 recompilation. 				
This well was given several different names during operations:				
 State #1 Cibola State #1 Yates State #1 				**************************************
We ask that this well will be referred to as "YATES STATE #1".				
				RECEIVED है हु OCD ARTESIA के ड्रि. १९७७
				1606.918511865
I hereby certify that the information ab	ve is true and complete to the l	pest of my knowleds	ge and belief.	
SIGNATURE	19	Presiden		DATE 5/15/01
Type or print name By: Harvey E (This space for State use)	E. Yates, Jr., Presi	dent	Telep	hone No(505)242-2050
APPPROVED BY	ATITLE_			_DATE
Conditions of approval, if any:				