

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION
State of New Mexico DISTRICT
Energy, Minerals and Natural Resources
NOV 12 2014
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator <u>Jalapeno Corporation</u> 3. Address of Operator <u>P.O. Box 1608</u> <u>Albuquerque, NM 87103</u> 4. Well Location Unit Letter <u>E</u> : <u>2190</u> feet from the <u>North</u> line and <u>280</u> feet from the <u>West</u> line Section <u>22</u> Township <u>9-S</u> Range <u>27-E</u> NMPM County <u>Chaves</u>		WELL API NO. <u>30-005-64212</u>
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. <u>V0-9290</u> 7. Lease Name or Unit Agreement Name <u>Kobe 22 State</u> 8. Well Number <u>#1Y</u> 9. OGRID Number <u>26307</u> 10. Pool name or Wildcat <u>Wolflake; San Andres, S.</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: <u>BOP TEST</u> <input checked="" type="checkbox"/>		OTHER: <input 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.

This is to give notice that on 11/11/14 Mann Welding services will be testing the BOP at 2,000psi for 30 minutes, if this holds we intend to drill out the cement and continue down to the San Andres slaughter zone with our 7 7/8" drill bit. If you have any questions contact Emmons Yates at (505) 980-0703.

Spud Date:

10/7/2014

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 11/10/2014

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

For State Use Only

APPROVED BY: [Signature] TITLE Dr. H. Spewer DATE 11/13/2014

Conditions of Approval (if any):