

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.

30-005-64212

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; 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.

## 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 ☒ 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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☒OTHER: ☐

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.

11/10/14 - BOP TESTED BY MAN WELDING SERVICES. HELD AT 2000PSI (SEE ATTACHED RESULTS OF PRESSURE TEST).

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

TITLE Vice President

DATE 2/12/2015

Type or print name H. Emmons Yates III

E-mail address: eyates@jalapenocorp.com PHONE: 505-242-2050

For State Use Only

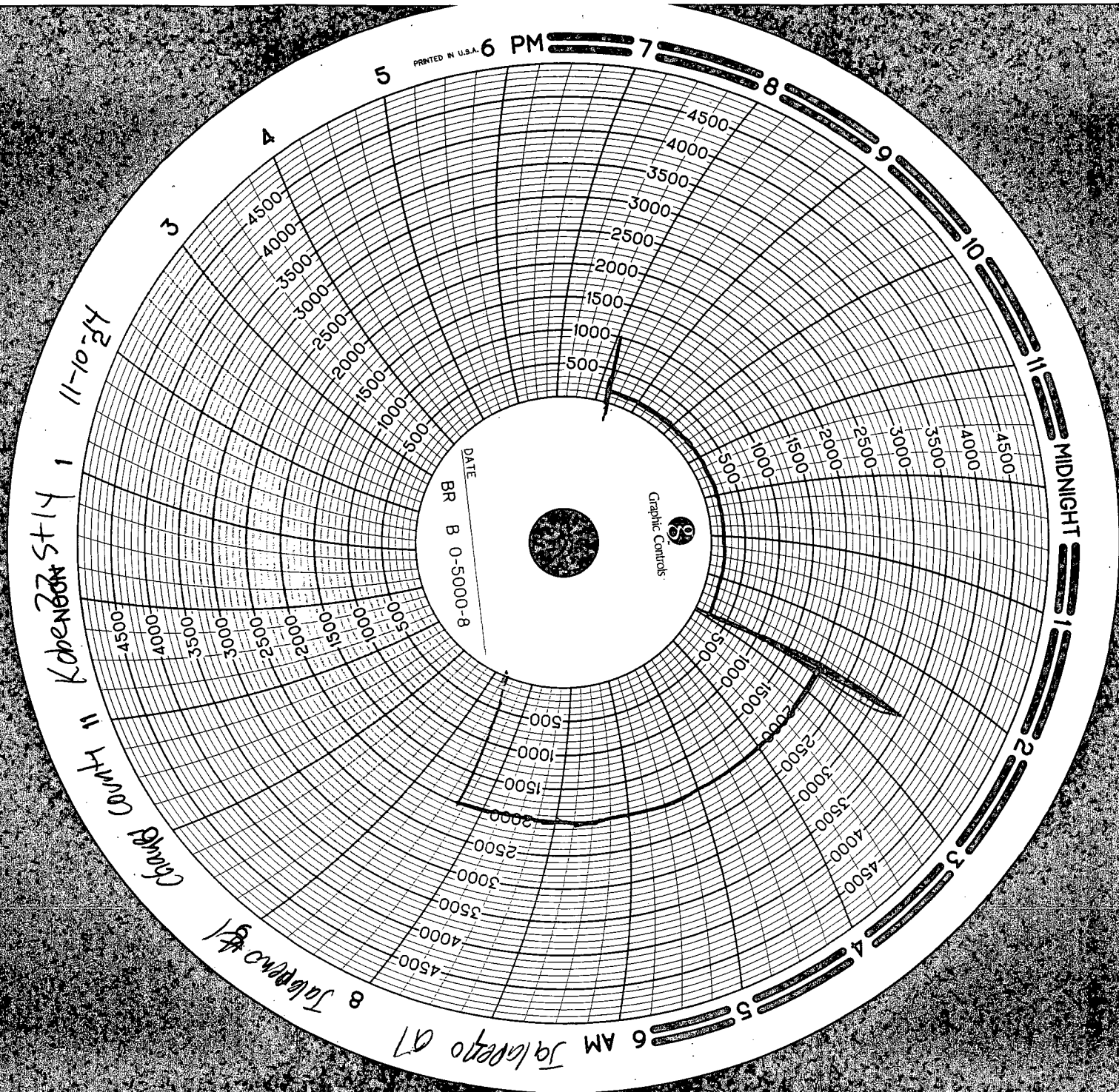
APPROVED BY:

TITLE

DATE

2/18/15

Conditions of Approval (if any):



PRINTED IN U.S.A. 6 PM 7

DATE

BR B 0-5000-8

Graphic Controls

Kobene 27 St 14  
11-10-24

Chapel Court 11  
4

8 Jalisco 27  
11-10-24

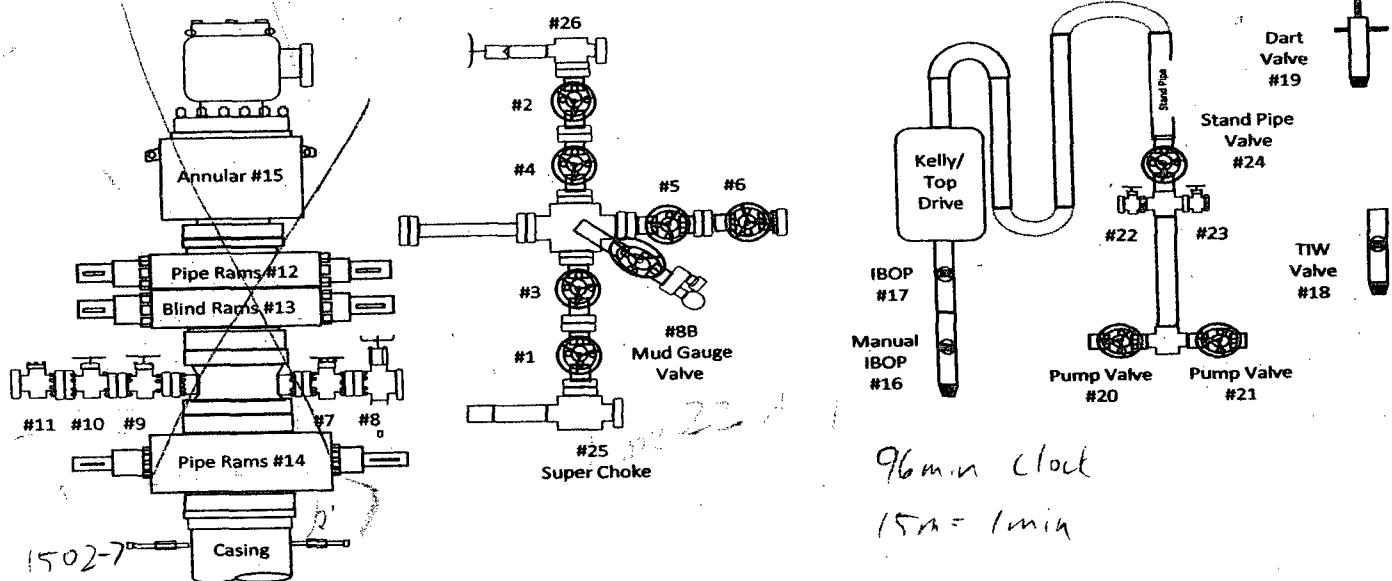
6 AM Jalisco 27



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Required BOP: \_\_\_\_\_ Installed BOP: \_\_\_\_\_

**\* Check Valve Must Be Open/Disabled To Test Kill Line Valves \***

[illegible]