Submit 3 Copies To Appropriate District Office State of New Mexico Form C-103	
Office State of New Mexico , Form C-103  District I Energy, Minerals and Natural Resources Revised March 25, 1999  1625 N. French Dr., Hobbs, NM 88240  WELL API NO.	
District II 30-005-63380	
1000 Rio Brazos Rd Aziec NM 874100 5 2003 1220 South St. Fra	incis Dr. 3. Indicate Type of Lease
District IV 1220 S. St. Francis Dr., Santa Fe, NM 875054RTESIA	7505 STATE XXX FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM-87505ARTESIA	VA-2/01
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well XXX Gas Well  Other	Louise Yates State
2. Name of Operator Jalapeno Corporation	8. Well No.
3. Address of Operator	4
P.O. Box 1608, Albuquerque, NM 87103	9. Pool name or Wildcat
4. Well Location Wolf Lake San Andres, South	
Unit Letter F : 2310 feet from the North line and 2310 feet from the West line	
Section 07 Township 09S Range 28E NMPMChaves County NM	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON	SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING	CASING TEST AND GEMENT JOB ABANDONMENT ,
OTHER:	OTHER: New Perforations
12. 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	
1/24/03: Squeezed perforations from 2296' to 2320' with 50 sacks of	
oraps c cement	
1/27/03: Drilled out cement with reverse	circulating unit to 2361'
2341 & 2341.5 (Schlumberger HEG) - 2340, 2340.5,	
1/29/03: Re-acidized well with 400 gallons	s of 20% acid
•	
Thereby certify the information to	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE NAME TITLE	President DATE $\lambda/5/03$
Type or print name Harvey E. Yates, Jr.  (This space for State use)  Telephone No. 505) 242-2050	
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APPPROVED BY For record and BO TITLE Conditions of approval, if any:	FEB 21 2003