

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

State of New Mexico
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 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.)		WELL API NO. 30-005-64290
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator JALAPENO CORPORATION		6. State Oil & Gas Lease No. VO 9723
3. Address of Operator PO BOX 1608 ALBUQUERQUE, NM 87103		7. Lease Name or Unit Agreement Name LIZARD 20 STATE
4. Well Location Unit Letter E : 1650 feet from the NORTH line and 660 feet from the WEST line Section: 20 Township: 9-S Range: 27-E NMPM County: CHAVES		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3861' GL		9. OGRID Number 26307
		10. Pool name or Wildcat WILDCAT; SAN ANDRES, SOUTH

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: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Notice of BOP testing	

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 11/18/15 Mann Welding Services will be testing the BOP at 2,000 PSI for 30 minutes. Emmons Yates called yesterday to the OCD office in Artesia and gave the 24 hour notice of our BOP testing to Laura Tulk.

Spud Date:

10/5/2015

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 11/18/2015

Type or print name H. Emmons Yates, III

E-mail address: evates@jalapenocorp.com

PHONE: 505-242-2050

For State Use Only

APPROVED BY:

J. Dade

TITLE

DIST. B. Spewer

DATE

11/19/2015

Conditions of Approval (if any):