Submit 3 Copies to Appropriate District Office

## State of New Mexico Lucgy, Minerals and Natural Resources Department.

Form C-103 Revised 1-1-89

Revised 1-1-8

DISTRICT I PO Box 1980 Holes No. 20240  OIL CONSERVATION DIVISION			
P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206		WELL API NO.
DISTRICT II Sente Fe New Mexico 97502		30-005-62894	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410		FEB 2 4 1994	6. State Oil & Gas Lease No. VA 0570
SUNDRY NOTI	CES AND REPORTS ON WEI	LS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM C-	101) FOR SUCH PROPOSALS.)		Louise State
1. Type of Well: OIL CAS WELL WELL	OTHER		20 199
2. Name of Operator	05912		8. Well No.
Jalapeno Corporat: 3. Address of Operator	rou In Ma		9. Pool name or Wildcat
PO Box 2007, Roswe	ell, NM 88202		Wolf Lake Sau Andres
4. Well Location			
Unit Letter N : 1980 Feet From The West Line and 330 Feet From The South Line			
7 Section	9s	28E	Cnaves
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM CLEAVES County
	3889.Gr	w.s	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	00141451105 001111110	
PULL OR ALTER CASING  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT  CASING TEST AND CEMENT JOB			
OTHER:		OTHER:	
10 0			
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.			
10/1/93 Ran 3322 ft 5½" 171b new casing to 3322 ft. (J55) Cemented with 375 sacks class C cement 50/50 poz w/slurry ahead. Cement volume calculated to bring cement to within 1600 ft or the surface.			
I hereby certify that the information above in true and complete to the best of my knowledge and belief.  SIGNATURE STATES STATES STATES TITLE Production Clerk DATE 2/17/94  TYPE OR FRINT NAME Jeanetta Atkinson TELEPHONE NO. (505)625-2448			
(This space for State Use)  AFFROVED BY	d lu	12	DATE
CONDITIONS OF AFPROVAL, IF ANY:	lau I		DATE