

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Engr., Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-005-62894

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VA-0570

7. Lease Name or Unit Agreement Name

Louise Yates

8. Well No.
1

9. Pool name or Wildcat
Wolf Lake San Andres

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 87103-1608

4. Well Location
Unit Letter N : 330 Feet From The South Line and 1980 Feet From The West Line

Section 7 Township 09S Range 28E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3895.6 KB / 3889.6 GL

11. 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Plug back, Perforate, Re-acidize ☐

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.

- 1) On 3/13/98 set plugs as follows: Cast Iron Bridge Plug & Cement 2366-2378 (Schlumberger) Cast Iron Bridge Plug & Cement 2689-2701
- 2) On 3/13/98 Added additional perforations as follows:
4 holes: 2289-2292; 1 hole each: 2326, 28, 38, 40, 44 & 46
- 3) On 3/20/98 Acidized (Halliburton) with 4,500 gal 20% acid

MAR 1998
RECEIVED
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Harvey E. Yates, Jr. TITLE President DATE 3/27/98

TYPE OR PRINT NAME Harvey E. Yates, Jr. TELEPHONE NO. (505) 244-2050

(This space for State Use)
APPROVED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 4-6-98

CONDITIONS OF APPROVAL, IF ANY: