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Submit 3 Copies To Appropriate District Office	State of New M	exico	Form C-103
District I	Energy, Minerals and Natural Resources		kevised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION	i nö	-005-62894
811 South First, Artesia, NM 87210 District III	1220 South St. Francis Dr		licate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, MA 87505		STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505		T (s)	VA-2401
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	TION FOR PERMIT" (FORM C-101) F	RECERVED	ase Name or Unit Agreement Name: uise Yates State
1. Type of Well: Oil Well 🖾 Gas Well	Other E	D - ARTESIA	
2. Name of Operator		8. We	ell No.
Jalapeno Corporation 3. Address of Operator	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15:21	1
P.O. Box 1608, Albu	querque, NM 87103-1	608 9. Po	ol name or Wildcat olf Lake San Andres
4. Well Location		· · · · · · · · · · · · · · · · · · ·	
Unit Letter <u>N</u> :	<u>330</u> feet from the <u>South</u>	line and1980	feet from the <u>West</u> line
Section 7 Township 9S Range 28E NMPM Chaves County NM			
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
		SUBSEQU REMEDIAL WORK	ENT REPORT OF:
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHERConvert to Salt Wa	ter Disposal 🖾	OTHER:	
12. Describe proposed or completed	1 operations. (Clearly state all pe	ttinent details, and give pert Completions: Attach wellbo	inent dates, including estimated date ore diagram of proposed completion
We propose to convert this well into a Salt Water Disposal well, to dispose of			
water produced from the Wolfe Lake Field San Andres-producing wells into			
perforations in the Louise Yates State #1, in both the Slaughter and San Angelo			
zones of the San Andres.			
An application is being prepared for submission to the OCD in Santa Fe to make			
the Louise Yates State #1 a disposal well.			
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I hereby certify that the information a	above is true and complete to the	best of my knowledge and t	belief.
SIGNATURE Janua	Z Z	President	DATE 8/16/01
Type or print name Harvey E.	Y		Telephone No.(505)242-2050
(This space for State use)			QUEC 31 20
APPPROVED BY Conditions of approval, if any:		<u></u>	DATE
conditions of approval, if any:	FOR RECORD ONLY		

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