State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

E AID 25903   Form C-103
Revised March 25, 1999

WELL API NO.
30-005-63894

5. Indicate Type of Lease
STATE ☑   FEE ☐

6. State Oil & Gas Lease No.
VA 2401

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.)

7. Lease Name or Unit Agreement Name:
Louise Yates STaTe

1. Type of Well:
Oil Well ☑   Gas Well ☐   Other (Has been approved For water Disposal well)

2. Name of Operator
Jalapeno Corporation

8. Well No. 1

3. Address of Operator
PO Box 1608, Albuquerque, NM 87103

9. Pool name or Wildcat SA. POOL CODE
Wolfe Lake SA. 65075

4. Well Location

Unit Letter N : 330 feet from the FSL line and 1980 feet from the W line

Section 7   Township 9S   Range 28E   NMPM Chaves County

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3889.6 GL

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐		CASING TEST AND CEMENT JOB ☐	

OTHER: Plan To perform a Casing Integrity Test   OTHER: ☐

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 or recompilation.

WiThin The next Two days we plan To perform a casing Integrity TesT, weather permiTing. We will call The OCD To specify The exact Time.

Accepted for record - NMOCD

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

SIGNATURE _Harvey E Yates_   TITLE President   DATE 3/11/02

Type or print name HARVEY YATES   Telephone No. (505) 242-2050

(This space for State use)

APPPROVED BY _Record_   TITLE _____   DATE _____
Conditions of approval, if any: