

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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 March 25, 1999

WELL API NO.
30-005-63381

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VA-2401 0000

7. Lease Name or Unit Agreement Name:

Louise Yates State

8. Well No.
2

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 K : 1650 feet from the FSL line and 2310 feet from the FWL lineSection 7 Township 9-S Range 28-E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3892 GLE

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 ☐ MULTIPLE COMPLETION ☐OTHER: Corrected Report Spud Date ☒

SUBSEQUENT REPORT OF:

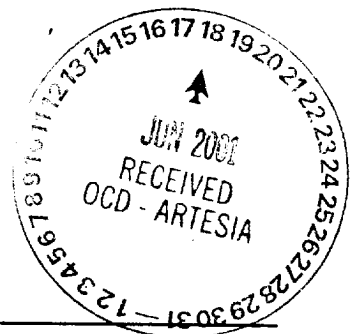
REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Corrected Report Spud Date ☒

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.

Initial Sundry Notice of above-captioned well is incorrect.

The Spud Date on this well was June 14, 2001 at 8 AM and a telephone report was given to Carmen on June 14, 2001 at 10:55 AM.

A verbal correction was also given to Carmen on June 15, 2001.



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

SIGNATURE

Claudia Stevenson

TITLE

Admin. Asst.DATE 6/15/01

Type or print name

Claudia Stevenson for Harvey E. Gates, Jr.Telephone No. (505) 242-2050

(This space for State use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

DATE

6/15/2001

Conditions of approval, if any: