Submit 5 Copies	
Appropriate District Office	
Appropriate District Office	
P.O. Box 1980, Hobbs, NM	88240

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210

DISTRICT III 1000 Rio Bazzos Rd., Aziec, NM 87410

## State of New Mexico lergy, Minerals and Natural Resources Depart

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

le				IO TR/						
Operator JALAP	ENO OC	RPORATI	ON						30-005-20541	-
Address PO BO	X 2607	ROS	WELL	NM 88	3202			- <u></u>	. <u> </u>	
Reasca(s) for Filing (C New Well	heck prop	er bax)		•	Transpor	_	Other (Pla	ase explain)		
Recompletion Change in Operator		0	il Lainghead		Dry Gas Condens					
					j Cueucai		 		· · · · · · · · · · · · · · · · · · ·	
change of operator g ad address of previous							 			
f change of operator g ad address of previous L DESCRIPTI( Lesse Name Graves			D LEA		Pool Na	me, includ (San			Kind of Lease	Lesse No. Fee
L DESCRIPTI			D LEA	<b>SE</b> Well No. 1	Pool Na	me, Includ (San		1980	Kind of Lease	Lease No. Fee East

## PetroSource Partners Lta 9801 wescheimer, Ste 900, Houston IX 77042 Name of Anthonized Transporter of Casinghead Gas or Dry Gas [ Address (Give address to which approved copy of this form is to be sent) If well produces us a location of tanks. Twp. e oil or liquids, Sec. When? Unit Rge. is gas actually connected? J 18 S 31 E No 6

If this production is commingied with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion	- (X)	Oil Well 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v 1
Date Spudded	Date Com	pl. Ready to P	rod.	Total Depth	L	1	P.B.T.D.	L	_ <b></b>
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Form	<b>natico</b>	Top Oil/Gas	Pay		Tubing Dep	th .	
Perforations	I			. I			Depth Casin	ng Shoe	· · · · · · · · · · · · · · · · · · ·
		TUBING, C	CASING ANI	CEMENT	NG RECO	B			<u> </u>
HOLE SIZE	CA	SING & TUE	ING SIZE		DEPTH SET	ſ		SACKS CEN	IENT
					·				

## V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Task Date of Test Producing Method (Flow, pump, gas lift, etc.)

Í			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
			l

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I hereby certify that the rules and	FICATE OF COMPLIANCE regulations of the Oil Conservation and that the information given above	OIL CONSE	RVATION DIVISION
is true and complete to the best of		Date Approved	FEB 02 1994
JEANETTA ATKINSON Printed Name	Production Clerk	D	L SIGNED BY JERRY SEXTON ISTRICT I SUPERVISOR
<u>1/27/94</u>	(505)625-244 Telephone No.	48    Title	

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.