Submit 5 Copies
Appropriate District Office
DISTRICT 1 O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Name of Authorized Transporter of Casinghead Gas

If well produces oil or liquids,

give location of tanks.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Jalapeno Corporation 30-005-20580 Address 500 N. Main, Suite 501, Roswell, NM Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Effective 9/10/93 Change in Operator \mathbf{x} Casinghead Gas Condensate If change of operator give name and address of previous operator Yates Energy Corporation, P.O. Box 2323, Roswell, NM 88202 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation 6 Cato (San Andres) Kind of Lease Lease No. FEE Graves State, Federal or Fee Location 660 South Line and 1980 Unit Letter Feet From The Feet From The Line Township 8S Range 31E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Navajo Refining Company

Designate Type of Completion	- (X)	Oil Well 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. Name of Producing Formation		Total Depth		P.B.T.D. Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)			Top Oil/Gas Pay						
Perforations		····			·		Depth Casir	ng Shoe	
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D.			·
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
							-		

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.)

or Dry Gas

Rge.

31E

is gas actually connected?

Twp. 8S

Sec.

6

Unit

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	
	1.	<u> </u>		

CAC WELL

77.10 TT DELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Laneth.	atkinson	
Signalure Jeanetla	Atkinson	Secretary
Printed Name 10/13/93		Title 625-2448
Date		Telephone No

OIL CONSERVATION DIVISION DEC 29 1993

Date Approved .

P.O. Box 175, Artesia, NM 88210:

Address (Give address to which approved copy of this form is to be sent)

When ?

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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

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