Submit 5 Copies
Appropriate District Office
DISTRICT I
P.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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•			NOF	'OIL	AND NA	I UDAL GA	10					
Operator Jalapeno Corporation								ell Af	1 No. 005-206	 07		
Midress		1 30-003-20007										
500 N. Main, Suite 50	l, Rosv	well, N	M 88	201								
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	ain)					
lew Well		Change in										
Recompletion	Oil		Dry Gas		Effe	ctive 9/1	0/93		•			
Change in Operator	Casinghea	d Gas	Condens	ale 📗								
		gy Corp	orati	on .P	.0. Box	2323, Ro	swell	, N	M 8820	2		
I. DESCRIPTION OF WELL A Lease Name	IND LE		Dool No.	ma Inaludia	ig Formation			·		· · · · · · · · · · · · · · · · · · ·		
Graves	Andres)			Kind of Lease State, Federal or Fee Fee								
Location		l <u>-</u>				<u></u>				=		
Unit Letter1	.:6	560	Feet Fro	om The	East Li	ne and <u>1980</u>)	_ Fee	t From The _	South	Line	
Section 6 Township	8S		Range	31E	N	м _{РМ,} Ch	aves	;			County	
II. DESIGNATION OF TRANS	SPORTE			NATUI			 ——					
Name of Authorized Transporter of Oil or Condensate Navajo Refining Company						Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit				Is gas actually connected? When				?			
If this production is commingled with that t	l- <u>-</u>	Ii	L			nber:						
IV. COMPLETION DATA		_,			,							
Designate Type of Completion	- (X)	Oil Well	10	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe			
									<u> </u>		•	
		TUBING,	CASII	NG AND	CEMENT	ING RECO	RD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	 											
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	 								ļ		·	
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE		J				J		-	
OIL WELL (Test must be after t				•	i be equal to	or exceed top al	llowable i	for thi	s depth or be	for full 24 ho	urs.)	
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 - Bbl	Oil - Bbls.			Water - Bbls.				Gas- MCF			
GAS WELL					1				<u> </u>			
Actual Prod. Test - MCF/D	Length c	a l'est			Bbls. Cond	tensate/MMCF			Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATEC	OF COM	PLIA	NCE					-			
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.					11	OIL CONSERVATION DIVISION						
					∥ Da	Date Approved DEC 2 9 1993						
Sunetla Ath	inst.	·				• •						
Signature Jeanetta Atkin	nson	`\ <i>J</i>	i ecre	Tary	By	' C			GNED BY		TON	
Printed Name 10/18/93		(já	Title	7.448 1.448	∭ ,Tit	le				· · · · · · · · · · · · · · · · · · ·		
Date		17	denhane	No	11							

- 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

