nonemanisti i prokanski konzelo je dogo se se o 1					
Submit 5 Copies	<b>,</b>	State of N	ew Mexico		·•• :
Appropriate District Office DISTRICT I	Enc. <sub>B</sub> y		ural Resources Department		Form C-104 Revised 1-1-89
P.O. Dox 1980, Hobbs, NM 88240	OIL		TION DIVISION		See Instructions at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III			ox 2088 exico 87504-2088		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLOWAR	BLE AND AUTHORIZAT		
I. Operator	TO TI	RANSPORT OIL	AND NATURAL GAS		
Jalapeno Corporation				Well API No. 30-005-20961	
Address PO Box 2607 500 N. Main, Suite 50	l Roswell,	NM 88201	······································		· · · · · · · · · · · · · · · · · · ·
Reason(s) for Filing (Check proper box) New Well			Other (Please explain)		
Recompletion		e in Transporter of:	Effective 9/10	/93	
Change in Operator X If change of operator give name Vat.	Casinghead Gas	Condensate			
and address of previous operator	es Energy C	orporation	P.O. Box 2323 Rosw	ell, NM 88202	
II. DESCRIPTION OF WELL					
South Tomahawk Federa	1   Well N 2	lo. Pool Name, Includ Tomahawk (	ing Formation San Andres)	Kind of Lease State, Federal or Fee	Lease No.
Location				blac, receilar of ree	NM-0347394
Unit LetterC	_ :330	Feet From The	North_Line and 1650	Feet From The	West Line
Section 6 Townshi	<b>,</b> 85	Range 32E	NMPM, Ch	aves	County
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS		Codiny
Name of Authorized Transporter of Oil Enron Oil Trading & Th	TXEOT P'EN	idensate	Address (Give address to which a	pproved copy of this form	n is to be sent)
Enron 011 Trading & Th Name of Authorized Transporter of Casing	chead Gas	tive 4 1-94	P.O. Box 1188, Ho Address (Give address to which a	ouston, TX 77	251-1188
If well produces oil or liquids,	Unit Sec.			proved copy of this jorn	n is lo be seni)
give location of tanks.		185 1 32F	is gas actually connected? NO	When 7	
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give comming	ling order number:	·····	
Designate Type of Completion		Vell Gas Well	New Well Workover D	eepen   Plug Back  S	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	l,l_	une Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)		-		P.B.T.D.	
Perforations	Name of Producing	g Formation	Top Oil Gas Pay	Tubing Depth	
renorations				Depth Casing	Shoe
	TUBIN	G. CASING AND	CEMENTING RECORD		· · · · · · · · · · · · · · · · · · ·
HOLE SIZE	CASING 8	TUBING SIZE	DEPTH SET	SA	CKS CEMENT
	· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES	T FOR ALLO	WABLE			
OIL WELL (Test must be after r Date Fina New Oil Run To Tank	ecovery of total volu Date of Test	me of load oil and mus	t be equal to or exceed top allowate	e for this depth or be for	full 24 hours.)
Length of Test			Preducing Method (Flow, pump,	gas lift, etc.)	
rengar or tem	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	
GAS WELL	L				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MIMCF		
Testing Method (pilot, back pr.)	Tables Barris			Gravity of Co	densate
(paos, tack pr.)	Tubing Pressure (:	Shut-ທ)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIANCE			
I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Co	nservation		ERVATION D	IVISION
to the and complete to the best of my	knowledge and belie	đ	Date Approved	DEC 3 0 1993	
Searette Alkinsr	n				
Signature Slanetta Atkinson	n Jg	orp. Secretary	By ORIGINAL SIGNE	D BY JERRY SEXTO	)N
Printed Name 12 - 28 - 93	<u>-</u>	Title	Title	SUPERVISOR	
Date	50	56252448 Telepikone No.			· · · · · · · · · · · · · · · · · · ·
INSTRUCTIONS: This for					

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted walte

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<b>L</b>				
Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		ew Mexico ural Resources Department		Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo	TION DIVISION bx 2088		at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLOWAE	exico 87504-2088 BLE AND AUTHORIZA	TION	
Operator	TO THANSPORT OIL	AND NATURAL GAS	Well API No.	
Jalapeno Corporation Address PO BOX 2607			30-005-2096	1
500 N. Main, Suite 501	l Roswell, NM 88201			
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas	Effective 9/1(	)/93	
If change of operator give name	Casinghead Gas Condensate Condensate			
		P.O. Box 2323 Rosw	vell, NM 8820	)2
II. DESCRIPTION OF WELL A	Well No Pool Name Include	ng Formulia		•
South Tomahawk Federal	2 Tomahawk (S	San Andres)	Kind of Lease State, Federal or Fee	Lease No. NM-0347394
Unit Letter C	:330 Feet From The	North 1650		
		North Line and 1650	Feet From The _	WestLine
Townanp	Range 521		aves	County
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS		
Enron Oil Trading & Tr	X or Condensate	Address (Give address to which P.O. Box 1188, H	approved copy of this fo	wm is to be sent)
Name of Authorized Transporter of Casing	head Gas or Dry Gas	Address (Give address to which	approved copy of this for	7251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?		
L	$E = 6 = 1.85 \pm 3.2F$	No	When ?	
If this production is commingled with that f IV. COMPLETION DATA	tom any other lease or pool, give comming!	ing order number:		
Designate Type of Completion -	- (X) Oil Well Gas Well	New Well Workover	Deepen   Plug Back	Saine 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		P B.1.D.	
Perforations		Top Oil Gas Pay	Tubing Dept	h
		A	Depth Casin	g Shoe
	TUBING, CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		ACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWABLE	<u> </u>	<u>_</u>	
Date Fina New Oil Run To Tank	covery of total volume of load oil and must Date of Test	be equal to or exceed top allowal Producing Method (Flow, pump,	le for this depth or be j	or full 24 hours.)
Length of Test	(P.4)		gas iyi, eic.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL		]		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravily of C	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			onocusate
		Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE			
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the here if	hat the information of the	UIL CONS	ERVATION	DIVISION
is true and complete to the best of my k		Date Approved	DEC 3 0 199	3
Signature				
Venetta Atkinsov Prived Name	Datage ac orp. secutáry	By ORIGINAL SIGN DISTRICT	ED BY JEBEN JEXT	
12-28-93	Title 505 1. 24 24 8	Title	n #I3UK	
Date	Telephone No.			
INSTRUCTIONS, This form				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
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 filled for each root in nutrinity consistent walls.

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

-1--

I.

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

DISTRICT III IOW Rio Brazos Rd., Aziec, NM 87410

1

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator	·····			Well 7	AFINA		·····
Yates Energy Corporat Address	ion						
P. O. Box 2323, Roswe	e11, NM 88202	2-2323	·				
Reason(s) for Filing (Check proper box)			Other (Please expla	in)			
		Transporter of:					
	<u> </u>	Dry Gas					
Change in Operator	Casinghead Gas	Condensate					
If change of operator give name and address of previous operator							
11. DESCRIPTION OF WELL		1					
South Tomahawk Federal	Well No. 2	Pool Name, Includi	ng Formation San Andres		of Lease Federal or Fee		<b>ase No.</b> 347394
Location			Jun Andres			M1-0.	
Unit Letter C	: 330	Feet From The <u>N</u>	orth Line and 165	<u>60</u> Fc	et From The	West	Line
Section 6 Townshi		Range 32E	, NMPM,	Chaves	6		County
III. DESIGNATION OF TRAN	SPECTATERAL	COMPNATH	RAL CAS				
Name of Authorized Transporter of Oil	TX FICOMPOL	LH93	Address (Give address to wh	ich approved	copy of this form	is to be set	v)
Enron Oil Trading & T	ransportation	·	P. O. Box 1188,	Houston	n, TX 772	51-118	8
Name of Authorized Transporter of Casing Insufficient to Marke	chead Gas 🔀	or Dry Gas	Address (Give address to wh				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.	Is gas actually connected?	When	?		
If this production is commingled with that		85 32E	no	n/	a		
IV. COMPLETION DATA	tion any other lease or	pool, give commingi	ing order number:				
Designate Type of Completion	Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		   P.B.T.D.	·	İ
					F.D.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay		Tubing Depth		··
Perforations	<u> </u>		L	······································	Depth Cusing S	hoe	
							•
			CEMENTING RECORI	)	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TL	JBING SIZE	DEPTH SET		SAC	CKS CEME	NT
	-						
			+				
V. TEST DATA AND REQUES OIL WELL Cost must be after a			······································				
Date First New Oil Run To Tank	ecovery of total volume	of load oil and must	be equal to or exceed top allo	wable for this	s clepith or be for j	full 24 hour	s.)
	Date of Test		Producing Method (Flow, pu	mp, gas lýi, e	uc)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL	L	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
Actual Prod. Test - MCF/D	Length of Test						<u> </u>
	rengin or test		Bols. Condensate/MMCF		Gravity of Cook	iensale	
Testing Method (pilot, back pr.)	Tubing Pressure (Shul	·ia)	Casing Pressure (Shul-in)		Choke Size		
VI. OPERATOR CERTIFIC			l	<del></del>	<u> </u>		
I hereby certify that the rules and regula	Lions of the Oil Concer		OIL CON	SERV			N
Division have been complied with and (	that the information give	a above					
is true and complete to the best of my k	nowledge and belief.		Date Approved	1	APR 🐂 3	1990	
Shan D'AL	-0.0						
Sharon R. Hamilton	VINCUON I	ndman	By ORIGI	NAL SIGN	ED BY JERRY	SEXTON	l
Printed Name	.a.				SUPERVISO	DR .	
3-27-90	505/6	Tille 23-4935	Title	• **••			
Date		phone No.					

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each root in multiply completed wells.

orm 3160-5 M. OIL CONS. CU November 1968) BOX 1980 Formerly ACBBBS, NM DEPAG	THE OF THE INTERI		Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NO	EAU OF LAND MANAGEMENT	ON WELLS	NM-0347394 8. IF INDIAN, ALLOTTEE OR TRIBE NAME
Use "APPL	oposals to drill or to deepen or plug b. JICATION FOR PERMIT—" for such pr	ack to a different reservoir. oposais.)	
OIL CAS OTHER			7. UNIT AGREEMENT NAME
NAME OF OPERATOR			8. FARM OR LEASE NAME
Yates Energy Corpora	tion		South Tomahawk Federal
ADDRESS OF OPERATOR		······································	9. WBLL NO.
P. O. Box 2323, Rosw. Location of WELL (Report location See also apace 17 below.) At surface	e11, NM 88202-2323 on clearly and in accordance with any i	State requirements.*	#2 10. FIELD AND POOL, OR WILDCAT
C			Tomahawk San Andres
330' FNL & 1650' FWL	,		SURVEY OR ARBA
			Section 6-T8S-R32E
PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
80-005-20961	4446.6 GR		Chaves NM
Check /	Appropriate Box To Indicate N	ature of Notice, Report, or O	Other Data
NOTICE OF INT			INT REPORT OF :
TEST WATER SBUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
BHOOT OF ACIDIZE	ABANDON* X_	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(NOTE: Report results	of multiple completion on Well
Propose to plug & ab 1. Set a CIBP @ 3	andon well as follows: 950'.	Completion or Recomple	including estimated date of starting any including estimated date and some perti-
Propose to plug & ab 1. Set a CIBP @ 3 2. Dump 35' Cemen 3. Cut csg. @ app 4. Place a 25 sx. tag plug. 5. Place a 25 sx.	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag	e stub and another 50 plug.	including estimated date of starting any I depths for all markers and zones perti-
Propose to plug & ab 1. Set a CIBP @ 3 2. Dump 35' Cemen 3. Cut csg. @ app 4. Place a 25 sx. tag plug. 5. Place a 25 sx. 6. Place 10 sx. p	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside	e stub and another 50 plug.	including estimated date of starting any I depths for all markers and zones perti-
<pre>nent to this work.)* Propose to plug &amp; ab. 1. Set a CIBP @ 3* 2. Dump 35' Cemen 3. Cut csg. @ app 4. Place a 25 sx. tag plug. 5. Place a 25 sx. 6. Place 10 sx. p 7. Install plate</pre>	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. <i>purvinc</i> and dry hole marker.	e stub and another 50 plug.	out: of csg. stub and
nent to this work.)* Propose to plug & ab. <ol> <li>Set a CIBP @ 3</li> <li>Dump 35' Cemen</li> <li>Cut csg. @ app</li> <li>Place a 25 sx.</li> <li>tag plug.</li> <li>Place a 25 sx.</li> <li>Place a 25 sx.</li> <li>Place 10 sx. p</li> <li>Install plate</li> </ol> 1 hereby certify that the foregoing SIGNED	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. yuring and dry hole marker.	e stub and another 50 plug. um 50' plug.	out: of csg. stub and
Propose to plug & ab. <ol> <li>Set a CIBP @ 32</li> <li>Dump 35' Cemen</li> <li>Cut csg. @ app</li> <li>Place a 25 sx.</li> <li>tag plug.</li> <li>Place a 25 sx.</li> <li>Place 10 sx. p</li> <li>Install plate</li> </ol>	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. yuring and dry hole marker.	e stub and another 50 plug. um 50' plug.	out: of csg. stub and USE LAND MARKETS and gones perti- USE LAND MARKETS and gones perti- USE LAND MARKETS and USE LAND MARKETS
Propose to plug & ab. <ol> <li>Set a CIBP @ 3</li> <li>Dump 35' Cemen</li> <li>Cut csg. @ app</li> <li>Place a 25 sx.</li> <li>tag plug.</li> <li>Place a 25 sx.</li> <li>Place 10 sx. p</li> <li>Install plate</li> </ol>	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. presence and dry hole marker. (is true and correct TITLEA	e stub and another 50 plug. um 50' plug.	out: of csg. stub and USE LAND MARKETS and gones perti- USE LAND MARKETS and gones perti- USE LAND MARKETS and USE LAND MARKETS
nent to this work.)* Propose to plug & ab. <ol> <li>Set a CIBP @ 3'</li> <li>Dump 35' Cemen</li> <li>Cut csg. @ app</li> <li>Place a 25 sx.</li> <li>tag plug.</li> <li>Place a 25 sx.</li> <li>Place 10 sx. p</li> <li>Install plate</li> </ol> I hereby certify that the foregoing SIGNED (This space for Federal or State on APPROVED BY	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. presence and dry hole marker. (is true and correct TITLEA	e stub and another 50 plug. um 50' plug.	including estimated date of starting any depths for all markers and gones perti- out: of csg. stub and out: of csg. stub and of LAND MA RESOURCE ALLINE JUL 09 1991 DATE 6/28/91
nent to this work.)* Propose to plug & ab. <ol> <li>Set a CIBP @ 3'</li> <li>Dump 35' Cemen</li> <li>Cut csg. @ app</li> <li>Place a 25 sx.</li> <li>tag plug.</li> <li>Place a 25 sx.</li> <li>Place 10 sx. p</li> <li>Install plate</li> </ol> I hereby certify that the foregoing SIGNED (This space for Federal or State on APPROVED BY	andon well as follows: 950'. t on CIBP. rox. 1700'. cement plug 50' inside plug 300 - 400' - Tag lug @ surface. presence and dry hole marker. (is true and correct TITLEA	details, and give pertinent dates, uns and measured and true vertical e stub and another 50 plug. un 50 plug.	including estimated date of starting any depths for all markers and gones perti- out: of csg. stub and out: of csg. stub and of LAND MA RESOURCE ALLINE JUL 09 1991 DATE 6/28/91

P.IC

United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.