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

State of New Mexico nergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Branca Rd., Aziec, NIM 87410

RICT II Drawer DD, Astonia, NM 88210

Santa Fe, New Mexico 8/30

			LE AND AUTH AND NATURA		ION				
FAT ADENO CONDONA		Well API No.							
JALAPENO CORPORA	30-005-20577								
PO BOX 2607 R	OSWELL NM 88	3202							
son(s) for Filing (Check proper box) www.	Change is	a Transporter of:	Other (Pleas	se explain)					
ompletica.		Dry Gas							
age in Operator	Casinghead Gas	Condensate							
nage of operator give name									
DESCRIPTION OF WELL	AND LEASE								
e Name Graves	Well No. Pool Name, Including Form 3 Cato (San Andro		ng Formation Andres)				Lease No. Fee		
atios					1				
Unit LetterL	:660	Feet From The	est Line and	⊥98∪	Fee	t From The	South	Lin	
Section 6 Township	, 8 S	Range 31 E	, NMPM,	Cha	ves			County	
DESIGNATION OF TRAN no of Authorized Transporter of Oil	₩ ₩ or Conde		Address (Give address 9801 Westhe	s to which d	pproved o	apy of this for	m is to be sen	Bara	
etroSource Partners I	1.4.5.		9801 Westhe	ımer,	ste 90	0, Houst	ton IX /	7042	
me of Authorized Transporter of Casing	ss of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)					
well produces oil or liquids,	Unit Sec.			Is gas actually connected? When ?)		
e location of tanks.	1 6	18 S 31 E	No		<u> </u>				
is production is commingled with that. COMPLETION DATA	from any other lease o	r pool, give consussign	ing order mander:						
Designate Type of Completion	Oil We	ii Ges Well	New Well Work	cover i	Эоерев	Plug Back	Same Res'v	Diff Res	
Designate Type of Completion ate Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		1	
			•			1. 0.1.0.			
visions (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay			Tubing Depth			
riorations	<u> </u>		J			Depth Casin	g Shoe		
						<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	TUBING, CASING AND			1			CAOVO OFFICE		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUE	CCT FOR ALL O	WADLE							
			si be equal to or excee	d top allow	ble for th	is death as he	for full 24 hou	er)	
Date First New Oil Run To Tank	Date of Test	TE OF TOTAL OF EACH PAGE	Producing Method				<i>ju j</i> el 24 llo.		
				John San					
regth of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
		· · · · · · · · · · · · · · · · · · ·		<u>.</u>					
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Dhie Contract	MACE		Canin -	Condenses		
	League or Test	· ·	Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (S	shut-in)	Casing Pressure (Shut-in)			Choke Size			
III ODER A TOR CONTRACT	104								
VI. OPERATOR CERTIFI I hereby certify that the rules and re			OIL	CONS	SERV	ATION	DIVISION	NC	
Division have been complied with a	ed that the information	given above							
is true and complete to the best of π	ny knowledge and belie	f.	Date Ap	proved		FE	B 02 1	994	
Seanella ath	GIAAA								
Signature			By	ORIG		il va gare		ON	
JEANETTA ATKINSON Printed Name	Productio	n Clerk Title				CY I SUPER			
1/27/94	(5	05)625-2448	Title					*·*	
Date		Telephone 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.
- 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.

