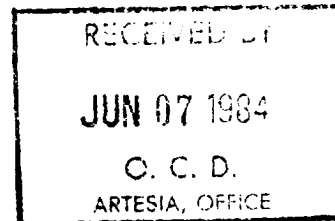


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator JEM Resources Inc.	
Address P.O. Box 2938 Ruidoso NM 88345	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cave Pool Unit	Well No. 60	Pool Name, Including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State B-	Lease No. 11662
Location Unit Letter <u>0</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>2610</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>17 S</u> Range <u>29 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston Tx. 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>4</u>
	Twp. <u>17 S</u>	Rge. <u>29 E</u>
	Is gas actually connected? <u>NO</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
Geologist  
(Title)  
\_\_\_\_\_  
5/10/84  
(Date)

OIL CONSERVATION DIVISION  
JUN 11 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Mike Williams  
OIL AND GAS INSPECTOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/31/84	Date Compl. Ready to Prod. 3/2/84		Total Depth 2610		P.B.T.D. 2536				
Elevations (DF, RKB, RT, GR, etc.) 3576 Gr.	Name of Producing Formation GB/SA		Top Oil/Gas Pay 2492		Tubing Depth 2510				
Perforations 2492-2530 22 .42 cal shots						Depth Casing Shoe 2610			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		345		220			
7 7/8		5 1/2		2610		800			
		23 5/8		2510					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 4/15/84	Date of Test 5/10/84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr.	Tubing Pressure 0	Casing Pressure 0	Choke Size 7/8
Actual Prod. During Test 35 bbl	Oil - Bbls. 10	Water - Bbls. 25	Gas - MCF TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size