

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

RECEIVED BY

MAY 28 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator JEM Resources Inc. ✓	
Address P.O. Box 2938 Ruidoso NM 88345	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ 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. 61	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State	Lease No. B-11662
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</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

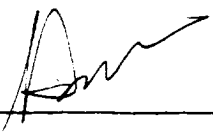
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco	Address (Give address to which approved 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>M</u> , Sec. : <u>4</u> , Twp. : <u>17 S</u> , Rge. : <u>29 E</u> , Is gas actually connected? <u>No</u> When:

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)
5/20/84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1984
Original Signed By
BY Ledia A. Clements
Supervisor District II
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)										X	Oil Well	X	Gas Well	X	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.			
Date Spudded		2/7/84		Date Compl. Ready to Prod.		3/3/84		Total Depth		2574		P.B.T.D.		2534		Tubing Depth		2490		Depth Casing Shoe		2575	
Elevations (D.F., AKB, RT, CR, etc.)		3588 gr.		Name of Producing Formation		GB/SA		Top Oil/Gas Pay		2476		Tubing Depth		2490		Perforations		2476-2485					

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks		2-28-84		Date of Test		Producing Method (Flow, pump, gas lift, etc.)		Length of Test		24 hr		Actual Prod. During Test		23 bbl	
Oil - Bbls.		0		Casing Pressure		0		Choke Size		7/8		Gas - MCF		TSTM	
Actual Prod. Test - MCF/D		0		Water - Bbls.		15		GAS - MCF		0		Actual Prod. Test - MCF/D		23 bbl	

GAS WELL

Actual Prod. Test - MCF/D		0		Length of Test		0		Bbls. Condensate/MCF		0		Gravity of Condensate		0	
Testing Method (Piston, back pr.)		Tubing Pressure (Shot-1m)		Casing Pressure (Shot-1m)		Choke Size		0		0		0		0	