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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

RECEIVED

DEC 17 1973

Operator **JEM Resources, Inc.** **O.C.C. ARTESIA, OFFICE**

Address **505 Marquette, N. W. Suite 1620, Albuquerque, New Mexico 87102**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Robert H. Birdwell, Drawer 40, Artesia, New Mexico**

DESCRIPTION OF WELL AND LEASE

Lease Name Cave Pool Unit	Well No. 19	Pool Name, including Formation Cave Grayberg SA	Kind of Lease State, Federal or Fee	State NM	Lease No. B11662
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Location
 Unit Letter **K** ; **1980** Feet From The **SOUTH** Line and **1980** Feet From The **WEST**

Line of Section **4** Township **17S** Range **29E** , NMPM, **Eddy** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
XXXXXXXX Navajo Refining Co., Pipeline Division	N. Freeman Avenue, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Phillips Bldg., Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 5	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When 12/1/63
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'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		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Lewis C. Jameson
 (Signature) **Lewis C. Jameson**
 (Title) **President**
 December 11, 1973
 (Date)

OIL CONSERVATION COMMISSION
DEC 18 1973

APPROVED _____, 19____

BY *W.A. Sweet*
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.