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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

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

Form C-104
 Rev. 10-01-78
 Format 06-01-83
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DISTRIBUTION	
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FILE	
U.C.O.S.	
LAND OFFICER	
TRANSPORTER	OIL
	OR
	OR
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 J.E.M. Resources Inc. ✓

Address
 P.O. Box 2938 Ruidoso, N.M. 88345

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

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Twelve	Well No. 4	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter 0	: 990	Feet From The South	Line and 2310	Feet From The East
Line of Section 5	Township 17S	Range 29E	NMPM, Eddy 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, N.M. 88210
Name of Authorized Transporter of Casinthead 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 0	Sec. 5	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When 5
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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.

 Geologist (Signature)

 Geologist (Title)
 12-14-84 (Date)

 (Date)

OIL CONSERVATION DIVISION

DEC 31 1984

APPROVED _____, 19____
 BY _____ Original Signed By
 Leslie A. Clements
 TITLE _____ Supervisor District #

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 deviated 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 9-14-84	Date Compl. Ready to Prod. 10-6-84	Total Depth 3550		P.B.T.D. 3525				
Elevation (DF, RKB, RT, GR, etc.) 3620 Gr	Name of Producing Formation San Andres	Top Oil/Gas Pay 3004		Tubing Depth 3450				
Perforations 3004-3434 37 0.42 cal shot						Depth Casing Shoe 3535		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	350	250 SXS
7 7/8	5 1/2	3535	1200 SXS
	2 7/8	3550	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 11-1-84	Date of Test 11-28-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 20#	Choke Size 7/8
Actual Prod. During Test 240	Oil - Bbls. 40	Water - Bbls. 200	Gas - MCF 200

See well log

GAS WELL

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