

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

AUG 05 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	1

Operator J.E.M. RESOURCES INC. (AS OIL CO. - OWNER)Address PO BOX 648 ARTESIA N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

RETURN TO PRODUCTION

If change of ownership give name
and address of previous ownerC.E. LARUE AND B.N. MURPHY JR PO BOX 196 ARTESIA N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CARPER LEVERS</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>ARTESIA (G, GB, SA)</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B2071</u>
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>28E</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"/> <u>NAVAJO REFINING CO PIPELINE DIVISION</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO DRAWER 159 ARTESIA N.M.</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4111 P. ...</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>34</u>	Twp. <u>17</u>	Rge. <u>28</u>
	Is gas actually connected?		When	
	<u>YES</u>		<u>1960</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

V. 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	Choke Size
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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Timmy Scruggs
(Signature)
Agent for B & B Co.
(Title)
8-5-81
(Date)

OIL CONSERVATION DIVISION

AUG 05 1981

APPROVED _____, 19

BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT 1

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 multiple completed wells.