STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT					Form C-	104	
00. 07 (09)10 1856/1480					Revised 10-01-78 Format 06-01-83		
	OIL CONSERVATION DIVISION				Prostante Bega.L.	RECLIVED BY	
FILE	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501				RECEIVE	UBY	
LAND OFFICE	SANTA FE, NEW MEXICO 07501				APR of	APR 24 1984	
TRANSPORTER OIL K					1 1 64	n 1 24 1984	
OPERATOR P	REQUEST FOR ALLOWABLE				0. C.	Q. C. D.	
PROBATION DEFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					ARTESIA, OFFICE	
1. Operator							
JEM Recources Inc.							
P.O. Box 2938, Ruidos	o NM 88345						
Reason(s) for filing (Check proper box)	Change in Transporter of:		Other (Please	explainj	्रम् स्वाह्य के		
New Well Recompletion		Dry Gas					
Change in Ownership	Casinghead Gas		in the second state				
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Inclu	uding Formation		Kind of Lea	50	Lease No	
CPU Sand Por luit	1 Cave GB	3/SA		State, Feder	olor FooFed NM	058594	
Location					-		
Unit Letter 0 : 660	Feet From The S		780		• Th• _ <u>Ľ</u>		
Line of Section 33 Towns	nhip 16 S Ran	age 29 E	, NMPM	. Eddy		County	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NAT	TURAL GAS	(Give address	to which appr	oved copy of this form	is to be sent)	
Navajo And Oral Name of Authorized Transporter of Casing	En channel		Freeman (Cive address	Artes: to which appr	ia NM 88210 oved copy of this form	is to be sent)	
Conoco	- 0				ouston Tx.	77001	
			ctually connect	ed? W	hen		
give location of tanks.	and the second se	29E Yes			3/6/84		
If this production is commingled with	that from any other lease of	r pool, give com	mingling orde	r number:			
NOTE: Complete Parts IV and V	on reverse side if necessary	y	-				
				ONSERVA	ATION DIVISION		
VI. CERTIFICATE OF COMPLIAN			· .	APR 2	6 1984		
I hereby certify that the rules and regulations been complied with and that the information	s of the Oil Conservation Divisio	on have APPF	10VED	Original S		······	
my knowledge and belief.	Bitch is the and complete it is	BY	<u></u>	Leslie A.			
		TITL	E	Superviser	District il		
		11		he filed in	a compliance with R	ULE 1104.	
(Signation	ra 1	I	this is a require form mus	uest for allo	owable for a newly openied by a tabulation	drilled or deepen on of the deviati	
Geologist	······································	tests	taken on the	well in acc this form m	ordance with AULE nust be filled out co	111.	
(Tille) 4/24/84	1	able	on new and re	completed v	wells.		
(Date)			Fill out only Sections I, II, III, and VI for changes of owned well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip				
			eparate Form eted wella.	a C-104 mu	INT DA THEO IOL ANC	n poor in muiti	

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