Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u>T</u>	O TRAI	NSPC	ORT OIL	AND NA	TURAL GA		-			
Operator J E M Resources	~							Weil API No. 30-015-24932-0000			
Address P O Drawer 770	Artesia	a, NM 8	38211	L-0770							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	_	Franspor Dry Gas Condens		Ouh	er (Please expla	in)				
If change of operator give name and address of previous operator	wen Hayne	es 805	5 Mis	ssouri	, Artesi	a, NM 882	210				
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Harbold		Well No. Pool Name, Including For S Redlake				,			Federal of X 10 NM 29279		
Location Unit Letter O	: <u>990</u>	1	Feet Fro	om The	S Lin	e and1650	<u>) </u>	et From The _	E	Line	
Section 34 Township 17 Range 27 , NMPM, Eddy County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil											
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit !	Sec. '	Г wp. 17	Rge.	Is gas actual!	•	When	?			
If this production is commingled with that	from any other	r lease or po	ool, give	commingl	1				·······		
IV. COMPLETION DATA						mpleted.	Will fo	ırnish ir	nfo as a	avail.	
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				X X X			P.B.T.D.			
8-1-84					400			400			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3604 Gr Seven Rivers Perforations Open Hole							 	Depth Casing Shoe			
	דר	IRING ('A SIN	IG AND	CEMENTI	NG RECORI	D	1			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
6"	4 ½ 10.5				400			80			
								Pot ID-3			
								7-31-92			
V. TEST DATA AND REQUE	ST FOR AI	LLOWA	BLE		1			1	ckg	-p	
OIL WELL (Test must be after	recovery of total	d volume oj	f load oi	il and must	be equal to or	exceed top allo	wable for thi	s depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	_ 	, <u> </u>			1			1			
Actual Prod. Test - MCF/D	al 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			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IAN	CE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedJUL 2 8 1992						
Signature Signature					ByRIGINAL SIGNED BY						
Dalton Bell Pres. Printed Name Title					MIKE WILLIAMS Title SUPERVISOR DISTRICT II						
7-27-92 505-746-2345 Date Telephone No.							<u>SLIFE EVI</u>	SUK, DIST	NIGI II		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.