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|------------------|-----|--|
| DISTRIBUTION | 5 | |
| STATE | 1 | |
| FEDERAL | 1 | |
| U.S. | | |
| OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

I. OPERATOR

Operator: **JEM Resources, Inc.**

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

Reason(s) for filing (Check proper box):
 New Well Change in Transporter Other (Please explain) _____
 Recompletion Oil _____
 Change in Ownership Casinghead Gas _____

If change of ownership give name and address of previous owner: **Robert H. Birdwell, Drawer 40, Artesia, New Mexico 88210**

O. C. C.
 ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Cave Pool Unit** Well No.: **10** Field Name: **Cave Grayberg SA** Kind of Lease: **State** Lease No.: **E10163**

Location: Unit Letter **G** : **2310** Feet From The **North** **2310** Feet From The **East**

Line of Section **5** Township **17S** Range **29E** **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: **Navajo Refining Co., Pipeline Division** (Give address to which approved copy of this form is to be sent) **N. Freeman Avenue, Artesia, New Mexico**

Name of Authorized Transporter of Casinghead Gas or Dry Gas: **Phillips Petroleum Co.** (Give address to which approved copy of this form is to be sent) **Phillips Bldg. Odessa, Texas**

If well produces oil or liquids, give location of tanks: Unit **J** Sec. **5** Twp. **17S** R. **29E** Ready connected? **Yes** When **3-1-62**

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well Workover Deepen Plug Back Same Restv. Diff. Restv.

Date Spudded _____ Date Compl. Ready to Prod. _____

Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____

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 completion of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)

Date First New Oil Run To Tanks _____ Date of Test _____

Length of Test _____ Tubing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____

Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ Choke Size _____

VI. 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)
 PRESIDENT (Title)
 December 11, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 11 1973**, 19 _____

W. A. Gussert
 OIL AND GAS INSPECTOR

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.