

DISTRIBUTION	5	
TA FE	1	
E	1	
G.S.		
D 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
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 ☒ Gas ☐
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**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Cave Pool Unit** Well No. **10** File Name **R-6810 11-1-81** Kind of Lease **State** Lease No. **E10163**
Location **Cave Grayberg SA** State, Federal or Fee **State**
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
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co.
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **5** Twp. **17S** Rng. **29E** **Yes** **3-1-62**
Give address to which approved copy of this form is to be sent:
N. Freeman Avenue, Artesia, New Mexico
Give address to which approved copy of this form is to be sent:
Phillips Bldg. Odessa, Texas

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

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 running of total volume of load oil and must be equal to or exceed top allowable for this depth, or shall 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	Pressure/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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**

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.