

DISTRIBUTION		5
SA	TA FE	
FI	E	✓
G.S.		
ID OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

DEC 17 1973

O. C. C.

ARTESIA, OFFICE

Operator JEM Resources, Inc.	
Address 505 Marquette, N. W. Suite 1620, Albuquerque, New Mexico 87102	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter or <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cave Pool Unit	Well No. 28	Pool Name, Inc. Cave Grayberg SA	Kind of Lease State, Federal or Fee	State SA	File No. 11-1-81
Location Unit Letter M 660 Feet From The South 660 Feet From The West Line of Section 17S Township 29E Range Eddy County NMPM					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Range 29E	Is it directly connected? Yes When 12/1/63

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	Art. Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					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 to be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gas-Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED **DEC 13 1973**, 19
BY **W. A. Gussitt**
TITLE **OIL AND GAS INSPECTOR**

Lewis C. Jameson (Signature)

President

(Title)

December 11, 1973

(Date)

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 allowables 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.