

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 23 1981

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

J E M Resources, Inc. /

Address
P. O. Box 648 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Convert from Dry to Producing

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name ~~State~~ State Well No. 1 Pool Name, Including Formation B-6810 11-1-81 Cave G-SH Kind of Lease State, Federal or Fee State Lease No. B-11662

Location

Unit Letter D 990 Feet From The N Line and 660 Feet From The W

Line of Section 4 Township 17 Range 29 NMPM, Eddy County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
J E M Resources, Inc. P.O. Box 648, Artesia, New Mexico 88210If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
yes Sept. 20, 1981

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. P.
		X				X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	10-10-81	2436	2294					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 3599	GRBG- METEX	2107	2280					
Perforations			Depth Casing Shoe					
2107-2120 2130-2140 2146-2160 2181-2195 2210-2218 2254-75			2427					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8	298	Circ.
7 7/8	5 1/2	2427	No available
	2 3/8	2280	

TEST DATA AND REQUEST FOR ALLOWABLE
WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

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

Part of
change from
to
11-6-81

Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
50 MCF/D	24 hrs.	0	----
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Back Pr.	300 #	0-Packer	Various

ATTESTATION OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

President

(Title)

10-28-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 23 1981

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BY

W. A. Gressitt

TITLE

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.