

DISTRIBUTION	5	
SALE	1	
TA	1	
FE	1	
G.S.		
D OFFICE		
TRANSPORTER	OIL	1
	GAS	1
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

DEC 17 1973

O. C. C.
ARTESIA, OFFICE

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	<input type="checkbox"/>	Change in Transporter or	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	
Change in Ownership	<input checked="" type="checkbox"/>	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. **5** Pool Name **Cave Grayberg** Kind of Lease **SP** State **BL** No. **165**

Location

Unit Letter **C** ; **990** Feet From The **North** **1930** Feet From The **West**

Line of Section **4** Township **17 S** Range **25 E** , NMPM, **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 Ave., 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. **17 S** Rge. **25 E** Yes ☒ No ☐ When **12/1/62**

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	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			Gas Pay		Testing 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 or 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	Flowing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Flowing Pressure/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Flowing 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

DEC 18 1973

APPROVED _____, 19

BY **W. A. Lusselt**
TITLE **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.