

DISTRIBUTION		5
SA	TA FE	1
FILE		1
G.S.		
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 RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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 oil ☐ Other (Please explain)
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Gas ☐
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. **30** Pool Name, including location **R-6810 11-1-81 Cave Grayberg SA** Kind of Lease **State, Federal or Fee** State **State** Lease No. **B11662**
Location
Unit Letter **0** Feet From The **990** **South** **2310** **East**
Line of Section **4** Township **17S** Range **29E** 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 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** Rge. **29E** Is well actually connected? **Yes** When **12/1/63**

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.,) _____ Name of Producing Formation _____
Perforations _____ Tubing Depth _____
Depth Casing Shoe _____
TUBING, CASING, AND PLUGGING 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 be for full 24 hours)
Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Tubing Pressure _____ Casing 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) _____ 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.

Lewis C. Jameson (Signature)
President (Title)
December 11, 1973 (Date)

OIL CONSERVATION COMMISSION
APPROVED **DEC 18 1973**
BY **W. A. Lussert**
TITLE **OIL AND G.S. 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.