

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

SEP 29 1981

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator  
J E M Resources, Inc. /

Address

Box 648, Artesia, N. Mex. 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Change Designation of Well From  
Cave Pool Unit # 7 to Original.  
Hodges Fed. # 2If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal	Well No. 2	Pool Name, including Formation Cave Grayburg-San Andres	Kind of Lease State, Federal or Fee Fed.	Lease No. M011331
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Location

Unit Letter A : 990 Feet From The N Line and 330 Feet From The ELine of Section 5 Township 17 Range 29 NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, N. Mex. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J E M Resources, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 648, Artesia, N. Mex. 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 5 17 29
Is gas actually connected? When	Yes 9-21-81

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Fr. <input checked="" type="checkbox"/>
Date Spudded 5-5-80	Date Compl. Ready to Prod. 9-1-81	Total Depth 2505
Elevations (DF, RKB, RT, GR, etc.) 2603 DF	Name of Producing Formation San Andres	Top Oil/Gas Pay Lovington Sand
Perforations Open Hole 2426 to 2505		Tubing Depth 2140 Packer Depth Casing Shoe 2426

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 2 3/8	DEPTH SET 303 2426 Packer set 2410 + 1 joint	SACKS CEMENT 100 200
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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 9-21-81	Date of Test 9-28-81	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 Hrs	Tubing Pressure 210	Casing Pressure 0
Actual Prod. During Test 32 Ebbs	Oil-Bbls. 32	Water-Bbls. 0
		Choke Size 16/64 Gas-MCF 210

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

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

(Signature)

Pres.

(Title)

9-29-81

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

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 deviator 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 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.