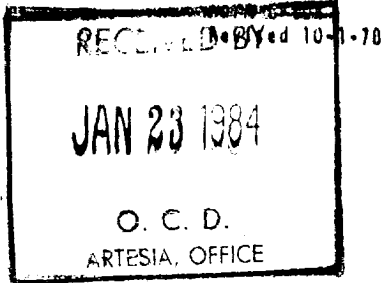


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
J.E.M. Resources Inc.  
Address  
P.O. Box 2938, Ruidoso, N.M. 88345  
Reason(s) for filing (Check proper box)  
New Well ☒ Change In Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change In Ownership ☐  
Other (Please specify): CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-24-84 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED  
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cave State	Well No. 1	Pool Name, including Formation Cave Gb-SA	Kind of Lease State, Federal or Fee State	Lease No. B-11662
Location Unit Letter D : 330 Feet From The North Line and 330 Feet From The West 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, N.M. 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) Box 2472, El Paso, TX 79760			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4	Twp. 17S	Rge. 29E
	Is gas actually connected?		When	
	NO			

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-15-83	Date Compl. Ready to Prod. 12-27-83		Total Depth 2540		P.B.T.D. 2504			
Elevations (DF, RKB, RT, GR, etc.) 3602.2 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2464		Tubing Depth 2403			
Perforations 2464-75					Depth Casing Shoe 2540			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8"		338		220			
7 7/8	5 1/2"		2540		1320			
	2 3/8		2403					

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 12-27-83	Date of Test 1-15-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure 0 10#	Casing Pressure 250	Choke Size 7/8"
Actual Prod. During Test	Oil-Bbls. 42	Water-Bbls. 20	Gas-MCF 110

GAS WELL

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

(Signature)

OIL CONSERVATION DIVISION  
JAN 26 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
Original Signed By  
BY Leslie A. Clements  
Supervisor District II  
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 deviation tests taken on the well in accordance with RULE 111.