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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 1-1-85
RECEIVED
JAN 31 1984
O. C. D.
ARTESIA OFFICE

I. Operator J.E.M. Resources INC.

Address P.O. Box 2938 Ruidoso, NM 88345

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

CHANGE IN WELL NAME

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>CPT 1st 1/2 Sec 55</u>	<u>55</u>	<u>CAVE BB/SA</u>	State, Federal or Fee <u>STATE</u>	<u>E 4200</u>
Location				
Unit Letter	<u>H</u>	<u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u>		
Line of Section	<u>5</u>	Township <u>17 S</u>	Range <u>29 E</u>	NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO Indian Oil Co. P.O. Box 10000</u>	<u>N. FREEMAN ARTESIA NM 88201</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TRANSWESTERN PIPELINE</u>	<u>P.O. Box 2521 Houston TX 77001</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>B</u>	<u>29</u> <u>29</u> <u>29</u> <u>29</u> <u>NO</u>

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	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing 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 be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<u>Port PD-3</u>
Length of Test	Tubing Pressure	Casing Pressure	<u>2-3-84</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	<u>Chg. Well name</u>
		Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

1/31/84
(Signature)
Geologist
(Title)
1/31/84
(Date)

OIL CONSERVATION COMMISSION
FEB 01 1984

APPROVED _____, 19____

BY OIL AND GAS INSPECTOR

TITLE Mike Williams

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 all wells 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.