

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 28 1984

O. C. D.

ARTESIA, OFFICE

Form C-104

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

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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
PROD AFTER 5-2-84
IS AN EXCEPTION TO:
RULE 505 IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>COMPAN</u>	Well No. <u>59</u>	Pool Name, including Formation <u>CAVE GB/SA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>E-4200</u>
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>5</u> Township <u>17S</u> Range <u>29E</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"/> <u>NAVAJO Ref. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>ARTESIA NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TRANSWESTERN PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2521 HOUSTON TX, 77001</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>5</u>	Twp. <u>17S</u>	Rge. <u>29E</u>
				Is gas actually connected? <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 <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 <u>2-18-83</u>	Date Compl. Ready to Prod. <u>1-13-84</u>		Total Depth <u>2525</u>		P.B.T.D. <u>2522</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3612 GR</u>	Name of Producing Formation <u>GRAYBURG</u>		Top Oil/Gas Pay <u>2359</u>		Tubing Depth <u>2380</u>			
Perforations <u>2359-2377</u>					Depth Casing Shoe <u>2522</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>335</u>		<u>350</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>2525</u>		<u>875</u>			
	<u>2 3/8"</u>		<u>2380</u>		<u>100</u>			

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 <u>1-18-83</u>	Date of Test <u>2/20/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HR</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>7/8"</u>
Actual Prod. During Test <u>23 BBL</u>	Oil - Bbls. <u>3</u>	Water - Bbls. <u>20</u>	Gas - MCF <u>757 M</u>

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

GEOLOGIST

(Title)

2/28/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 29 1984, 19Original 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 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 well name or number, or transporter, or other such change of condition.