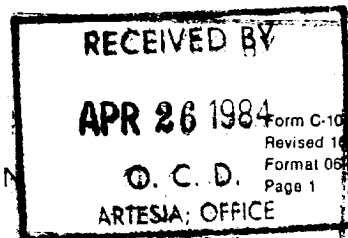


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 JEM Resources Inc. ✓

Address P.O. Box 2938, Ruidoso NM 88345

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>GPU Cave Pool Unit</u>	Well No. <u>57</u>	Pool Name, including Formation <u>Cave GB/SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B7017</u>
Location				
Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>4</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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman, Artesia NM</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Houston Tx. 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>4</u>
	Twp. <u>17S</u>	Rge. <u>29 E</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>4/3/84</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

[Signature]
Geologist (Signature)
4/26/84
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 27 1984
BY Leslie A. Clements
TITLE Supervisor District II

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Handwritten: Paid 102, 4-27-84, Comp + BK

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 2/14/84	Date Compl. Ready to Prod. 3/25/84	Total Depth 2556			P.B.T.D. 2545				
Elevations (DF, RKB, RT, GR, etc.) 3589 Gr.	Name of Producing Formation GB/SA	Top Oil/Gas Pay 2421			Tubing Depth 2510				
Perforations 2421-2500						Depth Casing Shoe 2555			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{4}$	8 5/8" 24#		355		225				
7 7/8"	5 $\frac{1}{2}$ " 15.5#		2556		550				
	2 $\frac{3}{8}$		2510						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 3/26/84	Date of Test 4/1/84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr.	Tubing Pressure 10	Casing Pressure 35	Choke Size 7/8
Actual Prod. During Test 68 BF	Oil - Bbls. 48	Water - Bbls. 20	Gas - MCF 62

GAS WELL

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

Post RD-2
4-27-84
Lamp & BR