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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  
RECEIVED BY  
JAN 31 1984  
O. C. D.  
ARTESIA, OFFICE

Operator  
J.E.M. Resources ✓

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"/>	<u>CHANGE IN WELL NAME</u> <u>from old state #3</u>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CPL Lease Pool #56</u>	Well No. <u>56</u>	Pool Name, including Formation <u>CAVE GB/SA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-7956</u>
Location				
Unit Letter <u>E</u>	<u>1650</u>	Feet From The <u>NORTH</u> Line and <u>330</u>	Feet From The <u>WEST</u>	<u>B-7956</u>
Line of Section <u>4</u>	Township <u>17 S</u>	Range <u>29 E</u>	NMPM, <u>Eddy</u>	County

I. 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 88201</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TRANSWESTERN PIPELINE CO.</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>6</u>	Sec. <u>4</u>	Twp. <u>17</u>	Rge. <u>29</u>	Is gas actually connected? <u>no</u>	When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	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

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]  
(Signature)  
GEOLOGIST  
(Title)  
1/31/84  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED FEB 01 1984, 19\_\_\_\_  
BY M. Williams  
TITLE FEB 01 1984

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 device 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.