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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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-111  
Effective 1-1-65

RECEIVED  
JAN 27 1984  
O. C. D.  
ARTESIA, CHANCE

I. Operator J.E.M. Resources

Address P.O. Box 2938 Ruidoso, N.M. 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)

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.
Cave State <u>Pool Unit</u>	<u>#56</u>	Cave GB/SA	State, Federal or Fee State	<u>B 7556</u>
Location	Unit Letter <u>E</u>	1650 Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>		<u>B 7596</u>
Line of Section <u>4</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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo <u>House of Representatives</u>	N. Freeman Artesia, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipe line	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>29E</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:

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>1-4-84</u>	Date Compl. Ready to Prod. <u>1-17-84</u>	Total Depth <u>2562 2564</u>	P.B.T.D. <u>2514</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>2564 GR 3600</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2449</u>	Tubing Depth <u>2575</u>					
Perforations <u>2449-2469</u>	<u>2 SPF</u>	Depth Casing Shoe <u>2564</u>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>8 5/8</u>	<u>340</u>	<u>320 SXS</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>2564</u>	<u>925 SXS</u>
	<u>2 3/8</u>	<u>2575</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>1-18-84</u>	Date of Test <u>1-24-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	Post-Test <u>FD-2</u> <u>2-3-84</u> <u>Handwritten</u>
Length of Test <u>24 hrs</u>	Tubing Pressure <u>30#</u>	Casing Pressure <u>172</u>	Choke Size <u>7/8"</u>
Actual Prod. During Test	Oil-Bbls. <u>62</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>385</u>

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.

[Signature]  
(Signature)  
Geologist  
(Title)  
1/27/84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 06 1984, 19  
BY Mike Williams  
TITLE OIL AND GAS INSPECTOR

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 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.