

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

Form C-104
Revised 10-01-78

RECEIVED BY

APR 24 1984

O. C. D.
ARTESIA, OFFICE

I.

Operator JEM Resources Inc. ✓	
Address P.O. Box 2938 Ruidoso NM 88345	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CPU Cave Pool Unit	Well No. 56	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee	Lease No. b7956
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>W</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>Cave Pool Unit</u>	N. Freeman, Artesia NM 88210	
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)	
Conoco	P.O. Box 2197, Houston TX 77001	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4
	Twp. 17	Rge. 29
	Is gas actually connected?	When
	Yes	3/6/84

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.

Geologist

(Signature)

4/24/84

(Title)

(Date)

OIL CONSERVATION DIVISION

APR 26 1984

APPROVED _____, 19 _____

BY _____
Leslie A. Clements

TITLE _____
Supervisor District 8

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 deviated 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 multiple completed wells.