

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JUN 12 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)

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

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cave Pool Unit</u>	Well No. <u>62</u>	Pool Name, Including Formation <u>Cave GB/SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E/0163</u>
Location				
Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>5</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 88210</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>P</u>	Sec. <u>5</u>	Twp. <u>17 S</u>	Rge. <u>29 E</u>	Is gas actually connected? <u>Yes</u>	When <u>6/1/84</u>

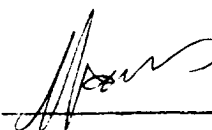
Post RD-2
6-15-84
Lamp

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

(Title)
6/12/84

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/28/84	Date Compl. Ready to Prod. 4/23/84		Total Depth 2700		P.B.T.D. 2680				
Elevations (DF, RKB, RT, GR, etc.) 3607 Gr.	Name of Producing Formation SanAndres, Grayburg		Top Oil/Gas Pay 2382		Tubing Depth 2550 2680				
Perforations 2382-2510, 2556-2638					Depth Casing Shoe 2700				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		334		250				
7 7/8	5 1/2		2600		525				
	2 3/8		2680						

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 4/8/84	Date of Test 6/2/84	Producing Method (Flow, pump, gas lift, etc.) Pump and Flow	
Length of Test 24 Hr.	Tubing Pressure 27#	Casing Pressure 95#	Choke Size 7/8
Actual Prod. During Test	Oil - Bbls. 63	Water - Bbls. 40	Gas - MCF 135

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