

RECEIVED BY

JUN 28 1984

O. C. D.

ARTESIA OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

I.

Operator
J.E.M. Resources Inc. ✓

Address
P.O. Box 2938 Ruidoso, N.M. 88345

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name G.P. U. Cave GB/SA	Well No. 65	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter B	330	Feet From The North	Line and 2310	Feet From The East
Line of Section 4	Township 17S	Range 29E	NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

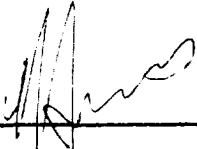
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	N. Freeman Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy 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 Sec. Twp. Rge. Is gas actually connected? When
B 4 17S 29E	Yes 6/20/84

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.


(Signature)
Geologist
(Title)
(Date)

OIL CONSERVATION DIVISION

JUL 0 5 1984

APPROVED _____, 19____
BY _____ Original Signed 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.

Post ID-2
7-6-84
Camp + BK

IV. COMPLETION DATA

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

Date Spudded	5/8/84	Date Compl. Ready to Prod.	6/6/84	Total Depth	3050	P.B.T.D.	3035	Tubing Depth	3000	Depth Casing Shoe	
Elevations (D.F., RKB, RT, CR, etc.)	3591 GR	Name of Producing Formation	San Andres	Top Oil/Gas Pay	2616						
Perforations	2616-2995										

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	12 1/2	CASING & TUBING SIZE	8 5/8	DEPTH SET	355	SACKS CEMENT	300
	7 7/8		5 1/2		3050		1000

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	6/15/84	Date of Test	6/23/84	Producing Method (Flow, pump, gas lift, etc.)	pump	Choke Size	7/8"	Gas-MCF	365
Length of Test	24 hr	Tubing Pressure	0	Casing Pressure	75				
Actual Prod. During Test	240 BBLS	Oil-BBLS	40	Water-BBLS	200	Gas-MCF			

GAS WELL

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