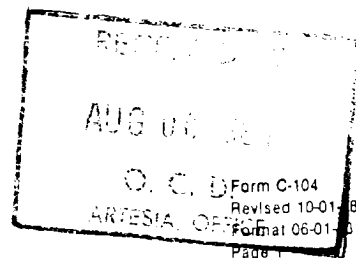


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I. Operator J.E.M. RESOURCES INC.

Address P.O. Box 2938 Ruidoso, NM 88345

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>RED STATE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>CAVE GB/SA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-7596</u>
Location				
Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u>				
Line of Section <u>4</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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO CRUDE OIL PURCHASING CO.</u>	<u>N. FREEMAN, ARTESIA NM 88210</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>CONOCO</u>	<u>P.O. Box 2197, Houston TX 77001</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>G 4 17 S 29 E YES 7/16/84</u>

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]
(Signature)
CONSULTING GEOLOGIST
(Title)
8/6/84
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 06 1984, 19 _____

BY [Signature]
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMCD

TITLE _____

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.

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 allow-
 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	7/14/84	Date of Test	7/16/84	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hr	Tubing Pressure	35 #	Casing Pressure	90 #
Actual Prod. During Test	300	Oil - Bbls.	100	Water - Bbls.	200
		Gas - MCF			300
		Choke Size	7/8		

GAS WELL

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