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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Twelve	Well No. 1	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State	Lease No. B 7071
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston Tx. 77001
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>29E</u> Is gas actually connected? <u>yes</u> When <u>9/18/84</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.

Geologist (Signature)

10/9/84 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 12 1984, 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 allow-
able 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/15/84	Date Compl. Ready to Prod. 9/9/84	Total Depth 3635			P.B.T.D. 3300				
Elevations (DF, RKB, RT, GR, etc.) 3585 Gr.	Name of Producing Formation San Andres		Top Oil/Gas Pay 3002			Tubing Depth 3200			
Perforations 3002-3280 w/35 .32 cal shots						Depth Casing Shoe 3635			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		340		270			
7 7/8		5 1/2		3613		550			
		2 3/8		3200					

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 9/15/84	Date of Test 10/3/84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 Hr.	Tubing Pressure 20#	Casing Pressure 75 #	Choke Size 7/8
Actual Prod. During Test 379 bbl	Oil - Bbls. 79	Water - Bbls. 300	Gas - MCF 550

GAS WELL

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