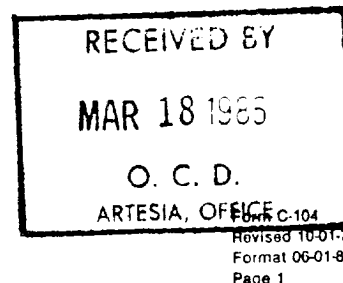


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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. Diamondback Pet. 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) Change in Operator from J.E.M. Resources Inc. to Diamondback Petroleum, Inc.

If change of ownership give name and address of previous owner J.E.M. Resources Inc.
No Change in ownership - still Diamondback Petroleum, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Location	Kind of Lease	Lease No.
Red Twelve State	2	Cave GB/SA	State, Federal or Fee State	E-4200
Location				
Unit Letter <u>H</u>	<u>1650</u>	Feet From The <u>North</u> Line and <u>990</u>	Feet From The <u>East</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 ☒ 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.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>29E</u>	Yes <u>10/15/84</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.

Jackie Payne
(Signature)
Secretary - Treasurer
(Title)
3-15-84
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 18 1985, 19
BY Les 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	X	Gas Well		New Well	X	Workover		Deepen		Plug Back		Some Res'v. Dill. Hor.	
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8-26-84		9-22-84		3565		P.B., T.D. 3545	
Elevations (D.F., KKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3598 GR		San Andres		3001		3395	
Perforations		3001-3351 32 0.32 cal. shots					
TUBING, CASING, AND CEMENTING RECORD							
						Depth Casing Shoe 3365	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of flood 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		10-18-84		Date of Test		11-28-84		Producing Method (Flow, pump, gas lift, etc.)		Pump					
Length of Test		24 hrs		Tubing Pressure		0		Casing Pressure		15#		Choke Size		7/8	
Actual Prod. During Test		Oil-Bbls. 45		Water-Bbls. 250		Gas-MCF 230									

GAS WELL

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

5111/1 GOR