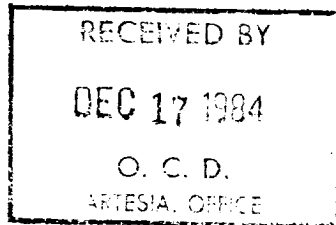


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format CO-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, NM 88345
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recombination
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Twelve State	Well No. 3	Pool Name, including Formation Cave GB/SA	Kind of Lease State, Federal or Fee State	Lease No. B-7596
Location Unit Letter <u>I</u> : <u>2310</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>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 ☐ 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 ☒ or Dry Gas ☐ 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>I</u> Sec. <u>5</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? Yes

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
12-14-84
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1984
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1102.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 9-5-84	Date Compl. Ready to Prod. 10-3-84	Total Depth 3550		P.B.T.D. 3528					
Elevations (DF, RKB, RT, GR, etc.) 3603 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3004		Tubing Depth 3450					
Perforations 3004-3434 37 0.36 cal. shots							Depth Casing Shoe 3550		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{2}$	8 5/8		350		350 sacks				
7 7/8	5 $\frac{1}{2}$		3550		850 sacks				
	5 3/8		3450						

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 10-20-84		Date of Test 11-28-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 0	Casing Pressure 20#	Choke Size 7/8"	
Actual Prod. During Test 310	Oil - Bbls. 60	Water - Bbls. 250	Gas - MCF 200	

3333.1 GOR

GAS WELL

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