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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Jomar Industries, Inc	
Address P.O. Box 64800 Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Bowers Federal A	Well No. 5	Pool Name, Including Formation Hobbs Ogallala	Kind of Lease State, Federal or Fee	Lease No. 0322334
Location 3rd				
Unit Letter U : 1897.5 Feet From The South Line and 1897.5 Feet From The East				
Line of Section 30 Township 18S Range 38E , NMPM, Lea 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"/> Western Oil Transportation Co., Inc	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-8-67	Date Compl. Ready to Prod. 7-10-67	Total Depth 38'		P.B.T.D. -				
Elevations (DF, RKB, RT, GR, etc.) -	Name of Producing Formation Ogallala	Top Oil/Gas Pay 34'		Tubing Depth 36'				
Perforations -				Depth Casing Shoe -				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 6 5/8"	CASING & TUBING SIZE 6 5/8"	DEPTH SET 10'	SACKS CEMENT 3

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-12-67	Date of Test 7-13-67	Producing Method (Flow pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 18 bbls	Oil - Bbls. 10	Water - Bbls. 8	Gas - MCF - 0 -

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John W. Elch
(Signature)
Vice President
(Title)
7-23-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED **25 1967**, 19
BY **John W. Elch**
TITLE **VICE PRESIDENT**

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.

77-11, 21-2 100

1. I have not heard
 2. any Z. activity since 1964
 3. X

1000

10-20-81