

AUTHORIZATION FOR OIL AND NATURAL GAS

DISTRIBUTION		
TA FE		
U.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
J. W. Dyer, Sr.
 Address
2216 N. Dal Paso, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Test
 Recompletion Oil
 Change in Ownership Casinghead

If change of ownership give name and address of previous owner **A. H. C. Industries, Inc., 720 Praetorian Bldg., Dallas, Texas 75201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Kind of Lease	Lease No.
Bowers A Federal	3	State, Federal or Other Fed.	IC-032233A
Location			
Unit Letter J	1897.5 Feet From The South	2227.5 Feet From The East	
Line of Section 30	Township 18 S	Range 38 E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Consignee
Shell Pipeline Corp.
 Name of Authorized Transporter of Casinghead Gas
None
 If well produces oil or liquids, give location of tanks.
 Unit **J** Section **30** Township **18 S** Range **38 E**

Address to which applications for this form is to be sent
P. O. Box 1509, Midland, Texas 79704
 Address to which applications for this form is to be sent
 Connected? **NO**

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well
 Date Spudded _____ Date Compl. Ready _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing _____
 Perforations _____
 HOLE SIZE _____ TUBING _____
 CASING & TUBING _____

Log order number _____
 Driller _____
 Deepen _____
 State Restv. _____
 Diff. Restv. _____
RECORD
 FEET SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks _____ Date of Test _____
 Length of Test _____ Tubing Pressure _____
 Actual Prod. During Test _____ Oil-Bbls. _____

Total volume of load on sand may be equal to or exceed top allowable 24 hours.
 (If low, pump, gas lift, etc.)

GAS WELL

Actual Prod. Test-MCF/D _____ Length of Test _____
 Testing Method (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____

_____ MCF

 _____ (Shut-in) _____

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 above is true and complete to the best of my knowledge.

[Signature]

 Agent

 3/27/74

 (Date)

OIL CONSERVATION COMMISSION
 _____, 19____

This form is to be filed in compliance with RULE 1104.
 This is a request for allowable for a newly drilled or deepened well and must be accompanied by a tabulation of the deviation from the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable and recompleted wells.
 Only Sections I, II, III and VI for changes of owner, well number, or transporter or other such change of condition.