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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 20 5 24 PM '67

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

I. Operator Jomar Industries Inc.
Address PO Box 64300 Dallas, Texas 75206
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bowers Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Hobbs Ogallala</u>	Kind of Lease State, Federal or Fee	Lease No. <u>032232A</u>
Location Unit Letter <u>J</u> , <u>3475</u> Feet From The <u>South</u> Line and <u>21575</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>18S</u> Range <u>39E</u> , NMPM, <u>Lee</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Western Oil Transportation Co. Inc.</u>	<u>Hobbs, New Mexico</u>					
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'tv.	Diff. Res'tv.
Date Spudded <u>5-23-67</u>	Date Compl. Ready to Prod. <u>5-26-67</u>	Total Depth <u>33'</u>		P.B.T.D. <u>-</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Ogallala</u>	Top Oil/Gas Pay, <u>32'</u>		Tubing Depth <u>24'</u>				
Perforations <u>NONE</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>6 7/8"</u>	CASING & TUBING SIZE <u>6 7/8"</u>	DEPTH SET <u>10'</u>	SACKS CEMENT <u>3</u>

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 <u>6-1-67</u>	Date of Test <u>6-2-67</u>	Producing Method (Flow pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>0</u>
Actual Prod. During Test <u>18 bbls.</u>	Oil - Bbls. <u>10</u>	Water - Bbls. <u>8</u>	Gas - MCF <u>0</u>

GAS WELL

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

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.

[Signature]
(Signature)
[Title]
(Title)
7-23-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE _____

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.