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

September 22, 1967

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	SANTA FE FILE	NEW MEXICO OIL REQUEST	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OIL						
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE Cperator						
	Jomar Industri	es, Inc.					
	P.O. Box 6480		7 5206				
	Reason(s) for filing (Check proper box) New Well.		Other (P.	lease explain)			
	Recompletion	Change in Transporter of: Oil	as [
	Change in Ownership		ensate				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I						
	Bowers A Federal	Well No. Pool Name, Including S 2 Hobbs Ogal		Kind of Lease State, Federal or Fe	LC _ease No.		
	Location	- 3			V32233A		
	Unit Letter J 189	7.5 Feet From The South L:	ne and 23 92.5	Feet From The	East		
	i	3.00					
		nship 185 Range	<u>38</u> Е , м	мрм, Lea	County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	ER OF OIL AND NATURAL GA	AS				
	Shell Oil Compa				by of this form is to be sent)		
	Name of Authorized Transporter of Casi		Address (Give addre	1509 Fidlan ess to which approved cop	d. Texas 79704 by of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually con	nected? When			
IV.	If this production is commingled with COMPLETION DATA	that from any other lease or pool,	give commingling o	rder number:			
		Oil Well Gas Well	New Well Worker	ver Deepen Plug	Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	,	X 1				
	5/29/67	Date Compl. Ready to Prod. 5/30/67	Total Depth	P.B.	T.D.		
		Name of Producing Formation	Top Cil/Gas Pay		ng Depth		
		Qgallal a	32	21	34'		
	Perforations			Dept	h Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT		
	6 3/4"	6.5/81	10'		3		
							
							
\mathbf{V} .	TEST DATA AND REQUEST FO		fter recovery of total t	olume of load oil and mu	st be equal to or exceed top allow-		
		Date of Test	producing Method (F	ours) Flow, pump, gas lift, etc.)			
	6/3/67	6/4/67 Tubing Pressure	Pump				
			Casing Pressure	Chok	e Size		
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-	0 MCF		
	14 bbls	10	4	348	0		
			·····				
,	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M	VCE Z			
	_	<u> </u>	- Condensation in	MC1 GLGVI	ty of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S)	ut-in) Chok	e Size		
VI.	CERTIFICATE OF COMPLIANCE		-	CONSERVATION	-		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		i.	_ CONSERVATION			
			APPROVED, 19				
	above is true and complete to the b	pest of my knowledge and belief.	BÝ	,			
	i .	-	i i	to be filed in complia			
-	- X (Signatu		If this is a r	equest for allowable for	or a newly drilled or deepened		
	(Signatu Vice Preside		well, this form me tests taken on the	ust be accompanied by ne well in accordance	a tabulation of the deviation with RULE 111.		
	Vice Presid	All sections of this form must be filled out completely for allow-					

able 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.