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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

JUL 24 1967  
5 PM '67

I. Operator  
Jomar Industries, Inc  
Address  
P.O. Box 64800 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 Bowers F. H. A	Well No. 3	Pool Name, Including Formation Hobbs Ogallala	Kind of Lease State, Federal or Fee	Lease No. 0322334
Location Unit Letter <u>J</u> : <u>18975</u> Feet From The <u>South</u> Line and <u>22275</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>18S</u> Range <u>38E</u> , NMPM, <u>Lea</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"/> Western Oil Transportation Co. Inc. Hobbs, New Mexico	Address (Give address to which approved copy of this form is to be sent)					
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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-3-67	Date Compl. Ready to Prod. 6-8-67		Total Depth 38'		P.B.T.D. —			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Ogallala		Top Oil/Gas Pay 32'		Tubing Depth 34'			
Perforations —					Depth Casing Shoe —			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7 7/8"	CASING & TUBING SIZE 7"		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 6-10-67	Date of Test 6-11-67	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 17 bbls	Oil - Bbls. 16.8	Water - Bbls. 57	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 A. Johnson  
(Signature)  
John A. Johnson  
(Title)  
7-3-67  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John A. Johnson  
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.