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SANTA FE			
FILE			
U.S.G.S.		l	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		T .	

September 22, 1967

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and	
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	HORIZATION TO TRA	ANSPURT OIL AND NATURA	AL, GAS
LEANSBORTED OIL		. :	
TRANSPORTER GAS			
OPERATOR			
I. PRORATION OFFICE			
Operator			
Jomar Li	ndustries, Inc.		
	- 64900 *********	75006	
Reason(s) for filing (Check proper	k 64800 Dallas, Te	exas 75206 Other (Please explain)	
New Well	Change in Transporter of:	Other (Freuse explain)	
Recompletion	Oil 🛣 Dry Go	as T	
Change in Ownership	Casinghead Gas Conde		
If change of ownership give nat and address of previous owner.			
•			
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including F	Tree at the	
t i			ElOCodos itol
Bowers A Federa	al 4 Hobbs Ogal	LLAIL: Side, Fe	oderal or Fee 0322334
	307 6 South	0060 8	17 a a 4
Unit Letter U ; IC	597.5 Feet From The South L.r	ne and <u>2062.5</u> Feet F	rom The East
Line of Section 30	Township 18S Range	388 , _{NMPM} ,	Lea County
30		7 11011 014	County
	ORTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter o			pproved copy of this form is to be sent)
Shell Oil Cor		P.O. Box 1509, Mi	
Name of Authorized Transporter o	f Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	<u> </u>		<u> </u>
	d with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comp	letion - (X)	A	Same Nes V. Sim Nes V.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/6/67	7/7/67	381	_
Elevations (DF, RKB, RT, GR, et	c., Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Ogallala	32'	34'
Perforations			Depth Casir.g Shoe
none			
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 3/4"	6 5/8"	10'	3
<u> </u>		1	
			
V TEST DATA AND DECUES	F FOR ALLOWARD F (T)		
OIL WELL	able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	· · · · · · · · · · · · · · · · · · ·	Producing Method (Now, pump, go	is lift, etc.)
7/12/67	7/13/57	Pamp	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	J Marie Company	0
Actual Prod. During Test	Otl-Bbls.	Water - Bbls.	Gas - MCF
18 bbls.	10	8	<u> </u>
		,	
GAS WELL Actual Prod. Test-MCF/D	I amakh at Mari	DVI- C	
Actual Prod. (681+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
= :::::: (pnoi) vaca ph)		ogenid tresents (enge_TH)	CHORA SIZE
I. CERTIFICATE OF COMPLI	ANCE	OIL CONSES	L. COMMISSION
CERTIFICATE OF COMPLI	ANCE	1	RVATION COMMISSION
I hereby certify that the sules	and regulations of the Oil Conservation	APPROVED, 19	
Commission have been compli	ed with and that the information given		
above is true and complete to	the best of my knowledge and belief.	BY	
		TITLE	
بالميسر .	This form is to be		in compliance with RULE 1104. Illowable for a newly drilled or deepened
	(Signature)		mpanied by a tabulation of the deviation
Vice I	President	tests taken on the well in a	
(Title)		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.