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U.S.G.S.	
LAND OFFICE	
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

OFFICE O. C. C.  
JUL 25 3 15 PM '67

I. Operator Jomar Industries, Inc.

Address P.O. Box 64800 Dallas, Texas 75206

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

UNDESIGNATED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bowers A 30 4 Well No. 4 Pool Name, including Formation Hobbs Ogallala Kind of Lease Federal or Fee Lease No. 032233A

Location

Unit Letter d : 1897.5 Feet From The South Line and 2062.5 Feet From The East

Line of Section 30 Township 18S Range 38E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Western Oil Transportation Co. Inc. Hobbs New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7-6-67</u>	<u>7-7-67</u>	<u>38'</u>	-					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	<u>Ogallala</u>	<u>32'</u>	<u>34'</u>					
Perforations						Depth Casing Shoe		
<u>NONE</u>						<u>-</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>6 3/4"</u>	<u>6 5/8"</u>	<u>10'</u>	<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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>7-12-67</u>	<u>7-13-67</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>0</u>	<u>0</u>	<u>0</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>12 bbls.</u>	<u>10</u>	<u>8</u>	<u>0</u>

GAS WELL

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

John W. Edl  
(Signature)  
Vice President  
(Title)  
7-23-67  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 25 1967, 19  
BY John W. Edl  
TITLE Vice President

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, of transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

1964-1965

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