

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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
JUL 24 3 14 PM '67

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

I. OPERATOR

Operator Jomar Industries, Inc.

Address P.O. Box 64800 Dallas, Texas 75206

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name	<u>Bowers Federal</u>	Well No.	<u>11</u>	Pool Name, Including Formation	<u>Hobbs Ogallala</u>	Kind of Lease	<u>State, Federal or Fee</u>	Lease No.	<u>032233A</u>	
Location	<u>Unit Letter J 1732.5 Feet From The South Line and 2227.5 Feet From The East</u>									
Line of Section	<u>30</u>	Township	<u>18 S</u>	Range	<u>38 E</u>	, NMPM,			County	<u>Lea</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	<u>6-19-67</u>	Date Compl. Ready to Prod.	<u>6-21-67</u>	Total Depth	<u>38'</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>34'</u>	
Perforations	<u>NONE</u>					Depth Casing Shoe	<u>-</u>	
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>6-23-67</u>	Date of Test	<u>6-24-67</u>	Producing Method	<u>Pump</u>
Length of Test	<u>24 hrs.</u>	Tubing Pressure	<u>0 -</u>	Casing Pressure	<u>0 -</u>
Actual Prod. During Test	<u>14 bbls.</u>	Oil-Bbls.	<u>10 4</u>	Water-Bbls.	<u>4</u>
				Gas-MCF	<u>0 -</u>

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

OIL CONSERVATION COMMISSION

JUL 25 1967

APPROVED _____, 19 _____

BY Joe Roney

TITLE SUPERVISOR DISTRICT

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.

1911
1912

1913

A 1913

1914

1915