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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 1-1-55

I. Operator
Jomar Industries, Inc.
Address
P.O. Box 54800 Dallas, Texas 75206
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter ☐
Recompletion ☐ Drying Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Bowers A Federal Well No. 6 Pool Name Hobbs Ogallala Kind of Lease Lease
State, Federal or Les 332233A
Location
Unit Letter J 1897.5 Feet From The South Line and 1734.5 Feet From The East
Line of Section 30 Township 18S Range 38E N40W, 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)
Shell Pipeline P.O. Box 1509, Midland, Texas 79704
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks. Unit 30 Sec. 13 Range 38E

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)
Date Spudded 10/16/67 Date Compl. Ready to Prod. 10/19/67 Total Depth 45' P.B. T.D. -
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top of Gas/Gas/Gas Tubing Depth
Ogallala 32' 34'
Perforations Depth Casing Shoe
TUBING CASING, AND CEMENTING RECORD
HOLE SIZE 6 3/4" CASING & TUBING SIZE 5 1/2" 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 the allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 10/19/67 Date of Test 10/20/67 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 20 bbls Oil - Bbls 10 Water - Bbls 10 Gas - MCF 0

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls, Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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.
APPROVED _____ 19_____
BY _____
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.