DISTRIBUTION		
SANTA FE		
FILE		
U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator: **J. W. Dyer, Sr.**

Address: **2216 N. Dal Paso, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of: Oil [ ] Casinghead Gas [ ]

Other (Please explain)

If change of ownership give name and address of previous owner **A. R. C. Industries, Inc., 720 Praetorian Bldg., Dallas, Texas 75201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bowers A Federal	**13**	**Hobbs Ogallala**	State, Federal or Fee **Fed**	**Above**

Location

Unit Letter **J** : **1732.5** Feet From The **South** Line and **1897.5** Feet From The **East** Line

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

LC-032233A

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: **Shell Pipeline Corp.**

Address to which approved copy of this form is to be sent: **P. O. Box 1509, Midland, Texas 79704**

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]: **None**

Address to which approved copy of this form is to be sent:

If well produces oil or liquids, give location of tanks. Unit **J** Sec. **30** Twp. **18** Rge. **38** Is gas actually connected? **No** 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 Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

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.

(Signature)
Agent
(Title)
3/27/74
(Date)

OIL CONSERVATION COMMISSION

_____, 19 _____

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, it 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.