	20.000000000000000000000000000000000000	NOTE: This well ori	ginally produced from the	e Drinkard rool, after
	DISTRIBUTION	Workover production is from the Paddock Pool.		
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1.		
	FILE	REQUEST	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	žΔS
	LAND OFFICE	ASTRONIZATION TO TRA	AND ON THE AND NATONAL O	
	TRANSPORTER GAS			
	OPERATOR			
. I.	PRORATION OFFICE			
	TEXACO Inc.			
•	Address			
	P. O. Box 728 - Hobbs, New Mexico			
	Reason(s) for filing (Check proper box)  Change in Transporter of:			
		Change in Transporter of:		·
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	<del> </del>	
		Cabinghead Gab Condc		
	If change of ownership give name and address of previous owner			
				1. Allen
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool No.	ame, Including Formation	Tri-1 -41
	V. M. Henderson	3	Paddock	State, Federal or Fee
	Location			
	Unit Letter H ; 66	O Feet From The East Lin	ne and 1980 Feet From T	<sub>he</sub> North
	Line of Section 30 , To	wnship 21-S Range	37-E , NMPM,	Lea County
			CTTTT	CTIVE JANUARY 31, 1977,
Ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS SAEL Address (Give address to which PAPP)	LY OIL COMPANY MERGED
	Shell Pipe Line C		P. O. Box 1910 - Midlar	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
	Skelly Oil Compan	——————————————————————————————————————	P. O. Box 1135 - Eunice	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	· .
	give location of tanks.	H 30 21-S 37-E	YES !	April 8, 1960
		th that from any other lease or pool,	give commingling order number:	PC-67
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completic		NEW NEW NEW	NEW NEW NEW
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	May 20, 1950	June 11, 1965	66571	65041
	Pool	Name of Producing Formation	Top Oil Ger Pay	Tubing Depth
	Paddock	Paddock	51641	5130*
	Perforations Perforate 5 1/	2" 0. D. Casing with 2 J	SPF from 5164! to 5180!	Depth Casing Shoe 6657
	,		D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17 1/2"	13 3/8"	254*	300 Sx•
	10_3/4"	8 5/8"	28641	1000 Sx•
	7 7/8"	5 1/2"	66571	1000 Sx•
		1	<u></u>	
V.	TEST DATA AND REQUEST FOIL WELL		ifter recovery of total volume of load oil a epth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	June 1, 1965	June 11, 1965	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 Hours	49 49 40	Pump	Pump
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	61	1	60	TSTM
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19	
	•	best of my knowledge and belief.		
			TITLE	
			TITLE	
	Hisamma		This form is to be filed in compliance with RULE 1104.	
	(Signatura)		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	
	H. D. Raymond		tests taken on the well in accordance with RULE 111.	
-	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out Sections I, II, III, and VI only for changes of owner,	
	Assistant District Superintendent			
	June 11, 1965 (Date)		well name or number, or transporte	er, or other such change of condition.
-			Separate Forms C-104 must completed wells.	be filed for each pool in multiply