

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

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

I. Operator  
HUMBLE OIL & REFINING COMPANY  
Address  
P. O. Box 1600, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Formation of Paddock (San Angelo) Unit  
Effective 9-1-67

If change of ownership give name and address of previous owner  
Marathon Oil Co. Box 220, Hobbs, N. Mex.  
Lou Wortham +1

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Paddock (San Angelo) Unit  
Well No.  
57  
Pool Name, including Formation  
Paddock  
Kind of Lease  
Sole, Pooled, Fee  
Location  
Unit Letter  
A  
Feet From The  
660  
Line and  
N  
Feet From The  
660  
Line of Section  
11  
Township  
22-S  
Range  
37-E  
NMPM  
Lea  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Lefas New Mexico PL Co.  
Address (Give address to which approved copy of this form is to be sent)  
Box 1510 - Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Skelly Oil Company  
Address (Give address to which approved copy of this form is to be sent)  
Box 1135 - Eunice, N. Mex.  
If well produces oil or liquids, give location of tanks.  
Unit  
A  
Sec.  
11  
Twp.  
22-S  
Rge.  
37-E  
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)  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
F.B.T.D.  
Pool  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.  
R. L. Berry  
(Signature)  
Unit Head  
8-31-67  
(Title)  
OIL CONSERVATION COMMISSION  
APPROVED  
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.