

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
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 1-1-65

I. BURWINKLE & SCANLON &
Operator
HUSKY ENERGY CORPORATION INC
Address
124 JACKSON N.E. ALBUQUERQUE N. Mex
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)

If change of ownership give name and address of previous owner BURWINKLE & SCANLON 120 VASSAR SE - ALB.

II. DESCRIPTION OF WELL AND LEASE
Lease Name (K-1883) ohwell Well No. 2 Pool Name, Including Formation CHACO WASH. MESA Verde Kind of Lease
State, Federal or Fee STATE
Location
Unit: Letter C ; 495 Feet From The N Line and 2145 Feet From The W
Line of Section 28 , Township 20 N Range 9 W , NMPM, McKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
PLATEAU INC Address (Give address to which approved copy of this form is to be sent)
PO BOX 108 - FARMINGTON N. Mex
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 C Sec. 28 Twp. 20 N Rge. 9 W 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 9-1-67 Date Compl. Ready to Prod. 10-2-67 Total Depth 520 P.B.T.D.
Pool Red Mtn SAND Name of Producing Formation Top Oil/Gas Pay 500 Tubing Depth NONE
Perforations NONE - OPEN Hole Depth Casing Shoe 500
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 4-3/4 CASING & TUBING SIZE 2-3/8 DEPTH SET 500 SACKS CEMENT 15

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.
William HeJaguer (Signature)
President, Husky Energy Corp. (Title)
May 4, 1971 (Date)
OIL CONSERVATION COMMISSION
APPROVED 10-31, 19 71
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3
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 Sections I, II, III, and VI only 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.

