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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. Operator
Burwinkle & Scanlon & Husky Energy Inc.
Address
124 Jackson, N.E., Albuquerque, New Mexico
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, S.E., Albuquerque, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name OH Well	Well No. 5	Pool Name, Including Formation Chaco Wash-Mesa Verde	Kind of Lease State, Federal or Fee State	Lease No. K-1883
Location Unit Letter C ; 330 Feet From The N Line and 2310 Feet From The W Line of Section 28 Township 20N Range 9W , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) E.O. Box 108 Farmington, New Mexico-87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 20N	Rge. 9W	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-25-67	Date Compl. Ready to Prod. 10-7-67		Total Depth 525		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay		Tubing Depth -0-			
Perforations None open hole					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 4 3/4	CASING & TUBING SIZE 2 3/8		DEPTH SET 510		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 NOV 3 1971
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF OIL CON. COM. DIST. 3

GAS WELL Injection Well

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirot, 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)
President, Husky Energy Inc.
(Title)
11/3/71
(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 3 1971**, 19_____
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-1883

<p>SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</p>	
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>	7. Unit Agreement Name
2. Name of Operator Burwinkle & Seunow & Husky Energy, Inc.	8. Farm or Lease Name Ohwell
3. Address of Operator 124 Jackson NE., Albug. N.M. 87100	9. Well No. #5
4. Location of Well UNIT LETTER C, 330 FEET FROM THE N LINE AND 2475 FEET FROM THE W LINE, SECTION 28 TOWNSHIP 20N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Chaco Wash - Mesa Verde
15. Elevation (Show whether DF, RT, GR, etc.)	12. County McKinley

<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <u>Record of plugging</u> <input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input checked="" type="checkbox"/></p>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Ran tubing into well to 500 feet and pumped 5 sacks of cement; pulled tubing to 250 feet and pumped 5 sacks of cement; pulled tubing and set marker at well location using 2 sacks of cement. Cleaned lease and obliterated pits.

INSPECTED 11-7-74

O.K.

C.G.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R.J. Seunow TITLE Partner DATE Oct. 26, 1974

APPROVED BY [Signature] TITLE SUPERVISOR DATE NOV 7 1974

CONDITIONS OF APPROVAL, IF ANY: