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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	
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

B.K.

Operator <u>Burwinkle & Stanton & Husky Energy, Inc.</u>	
Address <u>1521 University NE #152 Albuquerque N.Mex 87106</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Oil Well</u>	Well No. <u>13</u>	Pool Name, Including Formation <u>Chaco Wash - Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-1883</u>
Location				
Unit Letter <u>A</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u>				
Line of Section <u>28</u> Township <u>20N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> 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"/> <u>Thriftway, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1367 Farmington N.Mex 87401</u>	
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 <u>A</u>	Sec. <u>28</u>
	Twp. <u>20N</u>	Rge. <u>9W</u>
	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

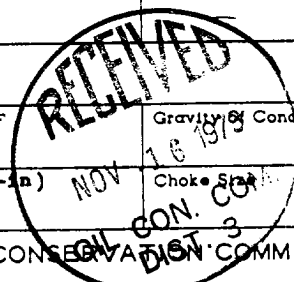
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>July 23, 1973</u>	Date Compl. Ready to Prod. <u>Aug 10, 1973</u>		Total Depth <u>360</u>		P.B.T.D. <u>357</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6426 GR</u>	Name of Producing Formation <u>Mesa Verde</u>		Top Oil/Gas Pay <u>320</u>		Tubing Depth <u>355</u>			
Perforations <u>2 Perfor's / foot</u>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>6 1/4"</u>	CASING & TUBING SIZE <u>4 1/2" 2" UE</u>		DEPTH SET <u>355</u>		SACKS CEMENT <u>25</u>			

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 <u>10/19/73</u>	Date of Test <u>10/19/73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>30 BBL's</u>	Oil - Bbls. <u>8</u>	Water - Bbls. <u>22</u>	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

W. H. Wagner
(Signature)
President, Husky Energy, Inc.
(Title)
Oct 30, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

