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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes old C-101 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			
HUSKY OIL COMPANY OF DELEWARE			
Address			
BOX 380, CODY, WYOMING 82414			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
CHANGE OF OPERATOR NAME			

If change of ownership give name
and address of previous owner HUSKY OIL COMPANY

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
CHARTIER	(SF081101)	1	GALLEGOS-GALLUP	State, Federal or Free
Location				
Unit Letter	M	790	Feet From The	S
			Line and	790
			Feet From The	W
Line of Section	4	Township	26N	Range
			12W	NMPM, SAN JUAN
				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"/>	Address (Give address to which approved copy of this form is to be sent)	
ROCK ISLAND OIL & REFINING COMPANY	321 W. Douglas, Wichita, Kansas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY	Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	4
		26N
		12W
Is gas actually connected?	When	
Yes	February 15, 1958	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	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 63 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-Bbls.

GAS WELL

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

OIL CONSERVATION COMMISSION

MAY 8 1969

APPROVED
Original Signed by Emery C. Arnold

BY SUPERVISOR DIST. #3

TITLE

This form is to be filed in compliance with RULE

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 10

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, IV, V, VI for oil well and Sections I, II, III, IV, V, VI for gas well.

Signature of Operator must be on each page in multiple copies.

H. C. Bently
(Signature)

District Production Clerk

(Title)

April 15, 1969

(Date)