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TRANSPORTER	OIL 7 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OMC-104 and O-110
Effective 1-1-65

I. Operator
HUSKY OIL COMPANY OF DELEWARE
Address
BOX 380, CODY, WYOMING 82414
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)
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 MORGAN	Lease No. (SF080238A)	Well No. 1	Pool Name, including Formation GALLEGOS-GALLUP	Kind of Lease State, Federal or Fee
Location Unit Letter P ; 500 Feet From The S Line and 500 Feet From The E Line of Section 31 Township 27N 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"/> ROCK ISLAND OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 321 W. Douglas, Wichita, Kansas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 27N	Rge. 12W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 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 (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.

H. O. Brubaker
(Signature)

District Production Clerk

OIL CONSERVATION COMMISSION

APPROVED **MAY 8 1969**

Original Signed by **Emery C. Arnold**

BY **SUPERVISOR DIST. #3**

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable on a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation tests taken on the well in accordance with RULE 111.
See instructions for filling out this form.