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	GAS 1
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. 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: Oil ☐ Dry Gas ☐ Other (Please explain)

Recompletion ☐ Oil ☐ Dry Gas ☐ CHANGE OF OPERATOR NAME

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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
MORGAN	(SF080238A)	2	GALLEGOS-GALLUP	State, Federal or Fee
Location				
Unit Letter	J	2310	Feet From The	S
		Line and	1900	Feet From The
		E		
Line of Section	31	Township	27N	Range
		12W	, NMPM, SAN JUAN	
		County		

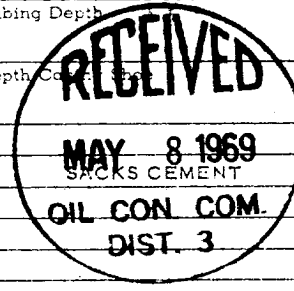
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
ROCK ISLAND OIL 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.	Twp.	Rge.	Is gas actually connected?	When
	0	31	27N	12W		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

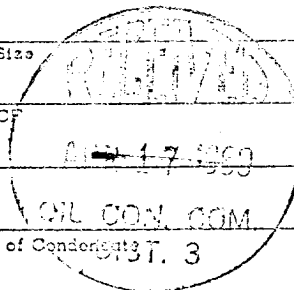
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing			
TUSING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					



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. C. Benth
(Signature)
District Production Clerk

April 15, 1969

OIL CONSERVATION COMMISSION

APPROVED MAY 8, 1969
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE

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 or re-completed 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 production completed well.