NO. OF COPIES RECEIVED		7	
DISTRIBUTION			
SANTA FE		1	
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Operator	_		-

1	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		ON Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR 3	AUTHORIZATION TO TRA		URAL GAS	
I.	Operator				
	HUSKY OIL CO	IPANY			
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	Other (Please exp	lain)	
	If change of ownership give name and address of previous owner	The Frontier Refining C	ompany=4040 Fast]	couisiana Ave., Denver, Colorado	
II.	II. DESCRIPTION OF WELL AND LEASE				
	Lease Name SCHWERDTFEGER	Well No. Pool Name, Including Fo		d of Lease No. e, Federal or Fee Federal SF 080382	
	Location	3 BASIN DAKOTA		Federal SF 080382	
	Unit Letter L	L850 Feet From The South Line	e and <u>790</u> F	eet From The West	
	Line of Section 21 To	wnship 27N Range 1	1W , NMPM,	San Juan County	
	DESIGNATION OF TRANSPOR				
	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		ich approved copy of this form is to be sent)	
	Rock Island Oil and Name of Authorized Transporter of Car		321 W. Douglas, Wichita, Kansas Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Cas		Box 1492, El Paso, Texas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 21 27N 11W	Is gas actually connected?	June 20, 1961	
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order num	ber:	
	Designate Type of Completic	on - (X)	New Well Workover D	eepen Plug Back Sam Ros Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.J.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u></u>	Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F		fter recovery of total volume o pth or be for full 24 hours)	f load oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	CAC WELL		<u> </u>		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size	
VI.	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 CON	APR 18 1968	
			APPROVED		
			Original Signed by Emery C. Arnold SUPERVISOR DIST. #3		
	/-		TITLE		
	SBA	a mille	This form is to be filed in compliance with RULE 1104.		

(Signature)

(Title)

(Date)

Manager; Drilling and Production

February 15, 1968

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.