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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 [ ]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] 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 | Lease No. | Well No. | Pool Name, Including Formation | Kind of Lease |
|---|---|---|---|---|
| BOLACK | SF078872A | 3 | BASIN DAKOTA | State, Federal or Fee |

Location
Unit Letter B ; 990 Feet From The N Line and 1850 Feet From The E

Line of Section 21 Township 27N Range 11W , NMPM, SAN JUAN County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
ROCK ISLAND OIL & REFINING 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 [ ] or Dry Gas [X]
EL PASO NATURAL GAS COMPANY
Address (Give address to which approved copy of this form is to be sent)
Box 1492, El Paso, Texas

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | B | 21 | 27N | 11W | Yes | June 20, 1961 |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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

(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.)

OIL WELL

| 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 |
| | | | |

RECEIVED MAY 7 1969 OIL CON. COM. DIST. 3

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| Testing Method (pitot, 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. Ruth
(Signature)
District Production Clerk
(Title)
April 15, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 8 1969

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 operator, 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.