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DISTRIBUTION			
SANTA FE		j	
FILE		1.	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS] /	
OPERATOR		3	
PRORATION OFFICE			I

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65	
FILE //		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUE AL	. GAS
LAND OFFICE			
TRANSPORTER OIL /			
GAS /			
OPERATOR 3			
PRORATION OFFICE			
Operator			
HUSKY OIL (COMPANY		
Address			
4040 East 1	Louisiana Avenue, Denver, (Colorado 80222	
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:		
	Oil Dry Go		
Recompletion		$\overline{}$	
Change in Ownership X	Casinghead Gas Conde	nsdte	
If change of ownership give nem	A		
If change of ownership give name and address of previous owner _	The Frontier Refining Con	mpany-4040 East Louisie	ana Ave., Denver, Colorado
•			80222
DESCRIPTION OF WELL AN	ID LEASE		
Lease Name	Well No. Pool Name, Including F		
BOLACK	2 BASIN DAKO	TA State, Fed	eral or Fee Federal SF 07887
Location			
N	790 South	ne and 1850 Feet Fro	The West
Unit Letter;	Feet From The	ne and Feet Fro	m The
Line of Section 15	Township 27N Range	11W , NMPM, San	Juan County
Line of Section	Township G/N Range	JIII , NMPM, SAII C	County
	ORTER OF OIL AND NATURAL GA	AS	proved copy of this form is to be sent)
Name of Authorized Transporter of			
	L & Refining Company	321 W. Douglas, Wich	nita, Kansas
Name of Authorized Transporter of	Casinghead Gas or Dry Gas		proved copy of this form is to be sent)
El Paso Natura	L Gas Company	Box 1492, K1 Paso, 1	l'exas
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	N 15 27N 11W	Yes	June 20, 1961
	with that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Compl	etion - (X)		1 1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Reday to Prod.	Total Depth	1.3.1.2.
			Table Death
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Euce
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal per exceed top allow
OIL WELL	able for this d	lepth or be for full 24 hours) Producing Method (Flow, pump, ga.	e lift etc.)
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	العامل المعالم
Length of Test	Tubing Pressure	Casing Pressure	Choke Size R 1 8 1968
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas MCF DON. COM.
			TOTAL 2
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Float 1881- MOF/D			
market state of the state of th	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	I mind blessme (Sunt-In)	June 1 1000 mg (Dm - 5)	
		-	
. CERTIFICATE OF COMPL	IANCE	OIL CONSER	VATION COMMISSION
			APR 18 1968
I hereby certify that the rules	and regulations of the Oil Conservation	vation given Chiminal Signed by Emery C Arnold	
Commission have been compli	ed with and that the information given		
above is true and complete to	blete to the best of my knowledge and belief. By Original Signed by Effect C. ATTOR SUPERVISOR DIST. #5		
			SUPERVISOR DIST. #9
	- L	11166	
	B Frame Do	This form is to be filed	in compliance with RULE 1104.
	B. C. Burney	If this is a request for a	llowable for a newly drilled or deepens
	Signature)	well, this form must be accorded tests taken on the well in according to the second tests.	mpenied by a tabulation of the deviation
	ng and Production		
Manager: Dillit	(Title)	All sections of this form able on new and recompleted	must be filled out completely for allow wells.
W-1 3E 3000	, ,	Fill out only Sections	I. II. III. and VI for changes of owne
February 15, 1698		well name or number, or trans	porter, or other such change of condition
	(Date)	Senarate Forms C-104	must be filed for each pool in multiple
		completed wells.	