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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

B.K.

I. Operator Burwinkle & Scanlon & Husky Energy, Inc.
Address 1520 University NE #152 Albuquerque N. Mex 87106
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>OH. WELL</u>	<u>12</u>	<u>Chaco Wash - Mesa Verde</u>	<u>State, Federal or Fee State</u>	<u>K-1883</u>
Location				
Unit Letter	<u>A</u>	<u>16.5</u> Feet From The <u>North</u> Line and <u>495</u> Feet From The <u>East</u>		
Line of Section	<u>28</u>	Township <u>20N</u>	Range <u>9W</u>	NMPM, <u>McKinley</u> 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)					
<u>Thrift Way</u>	<u>PO Box 1367 Farmington N. Mex 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>28</u>	<u>20N</u>	<u>9W</u>		

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>July 4, 1973</u>	<u>July 20, 1973</u>	<u>373</u>	<u>363</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6426 GR.</u>	<u>Mesa Verde</u>	<u>320</u>	<u>360</u>					
Perforations	Depth Casing Shoe							
<u>2 perfs per foot</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>6 1/4"</u>	<u>4 1/2" - 2" IE</u>		<u>363</u>		<u>25</u>			

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.)	
<u>Aug 11, 1973</u>	<u>Aug 11, 1973</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>-</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>30 Bbls</u>	<u>4</u>	<u>26</u>	<u>-</u>

GAS WELL

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. 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.

W. H. Wagner
(Signature)
PRESIDENT, HUSKY ENERGY INC.
(Title)
Sept 14, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 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.

