"no priones accived	1	<u></u>	lile
SANTA FE		DISERVATION COMM ( )	Firm C-104 Supersedes Old C-103 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TOA	AND	
LAND OFFICE	AUTHORIZATION TO TRA	HSPORT OIL AND NATURAL GA	NS RELEGY 2D
OPERATOR /			MAR 1 3 1981
PHORATION OFFICE	1		<del> </del>
HUSKY OIL COMPANY	of Helaware		ARTEMA, OFFICE
600 S. Cherry St	reet, Denver, Colorado 8		
Reason(s) for filing (Check proper box		Other (Please explain)	<u> </u>
New Well A	Change in Transporter of: Ott Dry Ga	. [	· · · · · · · · · · · · · · · · · · ·
Change In Ownership	Casinghead Gas Conden	<b>H</b>	·
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	Well No.; Pool Name, Including Fo	ormation R 6200 Kind of Lease	Lease No.
SRC State		, Atoka   State, Federal	or Fee State LG-6973
Location Unit Letter B , 660	Feet From The North Line	and 1980 Feet From Th	e East
16	waship 16S Range	27E NMPM.	Eddy County
Cine of Section			•
Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	d copy of this form is to be sent)
N/A Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)
Northern Natural (		400 Commercial Bank	Bldg.,Midland,TX 797
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   P.ge.   B   16   16S   27E	Is gas actually connected? When	4-8-81
If this production is commingled wi	th that from any other lease or pool,	····	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Designate Type of Completi	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
9/22/80	11/16/80	8765'	8725!
Elevations (DF, RKB, RT, GR, etc.) 3524 KB	Name of Producing Formation Atoka	Top O!!/Gas Pay 8340 <sup>1</sup>	Tubing Depth 8244 '
Perforations			Depth Casing Shoe
8340-59' 2 JHPF	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 48#	3031	400 SX
12-1/4"	8-5/8" 23# 4-1/2" 11.6#	1500' 8765'	1233 SX 700 SX
7-7/8"	2-3/8"	8244'	700 54
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil as pth or be for full 24 hours)	nd must be equal to or exceed top allow-
OII, WELL. Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	, etc.)
NA		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Custny Pressure	Chora Sira
Actual Pred, During Test	Oll-Bbls.	Water-Bols.	Gas-MCF
		<u> </u>	<u> </u>
GAS WELL	Length of Test	Bills. Condensate/MMCF	Gravity of Condensate
Actual Prod. Tost-MCF/D 4175	3 hours	0	
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
prover	2430 psi	packer	3/4" TION COMMISSION
CERTIFICATE OF COMPLIAN	CE		
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR 1 3 1981	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Wa, Gressett	
		TITLE SUPERVISOR D	NSTRICT H
1	C	This form letto be filed in co	
francis IVI	Hauzione	well, this form must be accompan	ble for a newly drilled or deepened led by a tabulation of the deviation
European Char	A: d.	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE, 111.	
- CAMMINIA	10)	shie on new and recompleted wel	
Licember 8, 1980		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.	
עו	ate) /		be filled for each pool in multiply
		to compare to security.	