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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRODUCTION OFFICE		

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

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AUG 23 1978

Operator Husky Oil Company of Delaware		O. C. C.	
Address 600 So. Cherry St., Denver, CO 80222		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Forehand	Well No. 3	Pool Name, including Formation Forehand Ranch Delaware	Kind of Lease State, Federal or Fee Fee	Lease No.
Location: Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 15 Township 23S Range 27E, NMPM, Eddy 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)					
Scurlock Oil Company	1216 Vaughn Bldg, Midland, TX 79701					
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 K	Sec. 15	Twp. 23S	Rge. 27S	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/29/77	Date Compl. Ready to Prod. 10/21/77	Total Depth 4000'	P.B.T.D. 3264' 3994'					
Elevations (DF, RKB, RT, GR, etc.) 3142' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 3146'	Tubing Depth 3124'					
Perforations 4 SPF: 3146-48, 3180-3202, 3232-40, 3332-40, 3422-30 3726-40, 3750-64, 3786-3802, 3820-30, 3840-44, 3900-04, 3910-16, 3954-66, 3970-74. TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe 3994'					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" 32#		464 KB		275 SX			
7-7/8"	5 1/2" 17#		3994 KB		1160 SX			
--	2-7/8"		3124'		--			

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 10/23/77	Date of Test 11/4/77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 130 bbls	Oil-Bbls. 35	Water-Bbls. 95	Gas-MCF --

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

I. 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.

A. J. Rice
(Signature)
Senior Engineer
(Title)
8/17/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1978
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.4.

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.