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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and
Effective 1-1-65

OCT 22 1980

O. C. D.

ARTESIA, OFFICE

Operator Huskey Oil Company of Delaware ✓

Address 600 South Cherry Street, Denver, Colorado 80222

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter oil: ☐		
Recompletion ☐	Oil ☒ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Forehand</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Forehand Ranch Delaware</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>15</u> Township <u>23S</u> Range <u>27E</u> , NMFM, <u>Eddy</u>			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <u>Navajo Crude Oil Purchasing Company</u> <u>P. O. Drawer 175, Artesia, New Mexico 88210</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 <u>K</u>	Sec. <u>15</u>	Twp. <u>23S</u>
			Pge. <u>27E</u>
		Is gas actually connected?	When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Force Resyn. ☐		
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	Testing Depth
Perforations	Depth Casing shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		OCT 24 1980	
<u>[Signature]</u> (Signature)		APPROVED	
<u>10-22-KU</u> (Data)		BY <u>W.A. Gressett</u>	
		TITLE <u>SUPERVISOR, DISTRICT II</u>	
		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 111.	
		All portions of this form must be filled out completely for retests on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of well.	