	NO. OF COPIES REC	7				
	DISTRIBUTI					
	SANTA FE	1				
	FILE	/				
	U.S.G.S.		1			
	LAND OFFICE					
	TRANSPORTER	OIL	/			
	- MANSTORTER	GAS	1			
	OPERATOR	RATOR				
1.	PRORATION OF					
	Operator					
	Address HU	SKY 0	IL.	COME		
	Reason(s) for filing (10 Ro Check p	st roper	Loui box)		
	New Well					

	SANTA FE /		\Box	NEW MEXICO OIL		CONSERVATION COMMISSION		Form C-104	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE	FILE / REQUES		T FOR ALLOWAE	BLE	Supersedes (
	U.S.G.S.				AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA						
	LAND OFFICE				- AUTHORIZATION TO TRANS		CORDEDICT OIL F	MATUE AL	_ GAS		
	TRANSPORTER	GAS	1	-							
	OPERATOR		.3								
I.	PRORATION OF	FICE	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
	Address HUSKY OIL COMPANY										
	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box)										
	New Well	Other (Please explain)									
	Recompletion Oil Dry G						Gas 🗍				
	Change in Ownership	X			Casinghead	Gas Cond	lensate			į	
	If change of owners			ie _	h	2 01 1					
	and address of prev	ious ow	ner _		de Frontie	er kerining (Company-4040	East Louisi	ana Ave., Denve		
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Rool Name Leablette Francisco										
					Well No. Pool Name, Including BASTN DA				Leds e No.		
	FRONTIER-AZTEC-B			D			KOTA	Didte, 1 ede	rdi or Fee Federal	SF 080382	
	Unit Letter	<u>. </u>	;	18	350Feet From	The South L	ine and 79 0	Feet From	n The West		
	I tre of Section										
	Sinc of Section	_28		Towns	hip 27N	Range	<u>1, WI</u>	MPM, San	Juan	County	
III.	DESIGNATION OF	TRA	NSP	ORTE	R OF OIL A						
	1			_	_	lensate 🔀			oved copy of this form is		
	Rock Islam Name of Authorized T	ransport	er of	ReTi Casing	head Gas	or Dry Gas 🔀	Address (Give add)	las, Wichiesess to which appr	ta Kansas oved copy of this form is	io be sent)	
i	El Paso Ne	tura	l Ge		many		Box 1492, El Paso, Tayas				
	If well produces oil o give location of tanks		,	U	nit Sec.	Twp. Rge.	is gas actually con	nected? W	hen		
	If this production is		gled	with t	L 28	27% 11W	Yes sammingling		June 20, 1961		
IV.	COMPLETION DA	TA									
	Designate Type	e of Co	mple	tion -	- (X)	Well Gas Well	New Well Worko	ver Deepen	Plug Back Same Res	ofv. Diff. Restv.	
	Date Spudded			Do	ate Compl. Read	ty to Prod.	Total Depth		P.B.T.D.		
	Element (D.B. Burn										
	Elevations $(DF, RKB,$	RT, GR	, etc.	, No	me of Producin	g Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations						1		Depth Casing Suce		
}	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE										
	HOLLS	126			CASING &	TUBING SIZE	DEPT	H SET	SACKS CEM	IENT	
-											
V . '	TEST DATA AND	REQUI	EST	FOR	ALLOWARI	F (Tank much has					
_	OIL WELL						fter recovery of total septh or be for full 24 h	ours)		top allow-	
L	Date First New Oil Ru	in To Ta	nks	Da	te of Test		Producing Method (I	low, pump, gas li	ift, etc.)	TYFN	
	Length of Test			Tu	bing Pressure	 	Casing Pressure		Choke Size	-A V Ben Box 3	
_									APR 1	8 1958	
	Actual Prod. During T	est		011	-Bbls.		Water - Bbls.		Gas-WEFOIL CON	7	
_	· · · · · · · · · · · · · · · · · ·						1		DIST	. COM.	
	GAS WELL										
	Actual Prod. Test-MC	F/D		Le	ngth of Test		Bbls. Condensate/M	MCF	Gravity of Condensate		
-	Testing Method (pitot,	back pr.	.,	Tub	ing Pressure (Shut-in l	Casing Pressure (5)	nut-in)	Choke Size		
									CHOKA SIZA		
VI. C	ERTIFICATE OF COMPLIANCE						011	_ CONSERVA	TION COMMISSION		
	hereby as-tif ti	nereby certify that the rules and regulations of the Oil Conservation							APR 18 1968	•	
C	Commission have be-	en comi	olied	with	and that the	information given	APPROVED		•		
a	ove is true and complete to the best of my knowledge and belief.					ledge and belief.	TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104.				
		<i>L</i>									
	E.B. Dawelle					20.					
_						ece	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				
	Manager: Drilling and Production				well, this form m tests taken on th	ust de accompar e well in accor	nied by a tabulation of dance with RULE 111.	the deviation			
_	(Title)					All sections able on new and	of this form mus	st be filled out complet	ely for allow-		
	February 15,	February 15, 1968					Fill out only Sections I. II. III. and VI for changes of owner.				
			(L	(ate			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
						į	Separate Fo completed wells.	rms C-104 must	. De Illed for each poo	oi in multiply	