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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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

I. Operator
HUSKY OIL COMPANY OF DELEWARE
Address
P. O. BOX 387, CODY, WYOMING 82414
Reason(s) for filing (Check production) _____ Other (Please explain) _____
New Well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BOLACK	Lease No. SF078872A	Well No. 4	Well Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee
Location Unit Letter A Feet From The N Line and 790 Feet From The E Line of Section 28 Township 27N Range 11W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PLATEAU, INC.	Address (Give address to which approved copy of this form is to be sent.) FARMINGTON, N. W. MEXICO					
Name of Authorized Transporter Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent.) P. O. BOX 1492, EL PASO, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twp. 27N	Rge. 11W	Is gas actually connected? Yes	When June 20, 1961

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		R.B.T.D.			
Elevations (DF, RKB, RT, GR)	Name of Producing Formation		Top Oil/Gas Pay		Casing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	
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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

APPROVED _____

FEB 21 1970

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. 43

H. C. Bender

(Signature)

District Production Clerk

(Title)

February 17, 1970

(Date)

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.