

PRODUCTION	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

Operator Husky Oil Company	
Address 600 South Cherry Street, Denver, Colorado 80222	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change of operator.	

If change of ownership give name and address of previous owner El Paso Natural Gas Co., 304 Texas St., El Paso, Texas 79978

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger	Well No. 14	Pool Name, including formation Blanco Pictured Cliffs 60	Kind of Lease State, Federal or Fee Federal	Lease No. 080382
Location				
Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East				
Line of Section 14 5 Township 27N Range 11W , NMPM, San Juan County				

III. 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)					
Plateau, Inc.	Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	14	27N	11W	Yes	

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	Same Res'v.	Diff. Res'v.
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			Tubing 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 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.



Division Engineer

(Title)

9/14/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.

REQUEST FOR ALLOWABLE

URAL GAS

NO. OF ISSUED COPIES	
DISTRIBUTION	
SAC OFF	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTED	ONE ONE

PROBATION OFFICE
LOS ANGELES

Marathon Oil Company

Address

P.O. Box 2659, Casper, Wyoming 82602

Reason(s) for being: (Check proper box)

New Wall

Change in Transporter of:

Recompletion



C11

Dry Gas

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Change in Ownership: ☒ X

$$\sqrt{x}$$

Casinghead Gas

7

Condensate

If change of ownership give name and address of previous owner Husky Oil Company, 6060 South Willow Drive, Englewood, Colorado 80111

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger		Well No. 14	Pool Name, Including Formation HC, Kutz Pictured Cliffs	Kind of Lease State, Federal or Free Federal	SF 080382A	Lease No.
Location						
Unit Letter I	1650	Feet From The South		Line and 990	Feet From The East	
Line of Section 5	Township 27N	Range 11W	, NMPM, San Juan,		County	

17. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☒					P.O. Box 489, Bloomfield, NM 87413	
Plateau, Incorporated						
Name of Authorized Transporter of Gaseous Gas ☐ or Dry Gas ☒					Address (Give address to which approved copy of this form is to be sent)	
El Paso					P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	27N	11W		

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

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAS, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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.)

OIL WELL		DATE OF TEST	
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

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual. Prod. Test-MCF/D	Length of Test	Dwell		
Testing Method (prior, back prod.)	tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Operations Manager

June 28, 1984

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE.

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.

1. All sections of this form must be filled out completely for allowable on new and reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.

Separate Forms C-103 must be filed for each pool in multiple connected wells.

OIL CONSERVATION DIVISION

P.O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR Name: <u>Marathon Oil Company</u> Address: <u>P.O. Box 2559, Casper, Wyoming 82602</u>	
Reason(s) for filing (check proper box) New Well ☐ ☐ ☐ Recompletion ☐ ☐ ☐ Change in Ownership ☐ ☐ ☐	Change in Transporter of: Oil ☐ ☐ ☐ Gas ☐ ☐ ☐ Condensate ☐ ☐ ☐
If change of ownership, give name and address of previous owner: _____	

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OIL CON. DIV
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Schwendtfefer</u>	Well No.: <u>14</u>	Pool Name, including Formation: <u>Kutz Pictured Cliffs</u>	Kind of Lease: <u>SF 080382A</u>	Lease No.: _____
Location: _____			State, Federal or Foreign: <u>Federal</u>	
Unit Lease: <u>1</u>	<u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section: <u>5</u>	Township: <u>27N</u>	Range: <u>11W</u>	County: <u>San Juan</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: <u>Gary Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent): <u>115 Inverness Dr. East Englewood, CO 80112</u>
Name of Authorized Transporter of Gas/Condensate: <u>El Paso</u>	Address (Give address to which approved copy of this form is to be sent): <u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks: _____	Is gas actually connected? <u>yes</u>

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	Same Res'n.	Diff. Res'n.
Date Spudded: _____	Date Comp. Ready to Prod.: _____	Total Depth: _____	P.B.T.D.: _____					
Elevations (DF, RAS, RT, GR, etc.): _____	Name of Producing Form: _____	Depth: _____						
Perforations: _____	Casing Shoe: _____							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

ILLEGIBLE

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/MCF: _____	Gravity of Condensate: _____
Testing Method (flow, back prod): _____	Tubing Pressure (shut-in): _____	Casing Pressure (shut-in): _____	Choke Size: _____

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Doyle L. Jones

District Operations Manager

February 11, 1985

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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 submission of the Division 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 change of owner, well name or number, or transporter, or other such change of condition.

Separate Forms OCS-100 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company

P.O. Box 2659, Casper, Wyoming 82602

Reason for filing (check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Gas ☐

Gas ☐

Dry Gas ☐

Gas ☒

Other (please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Schwerdtfeger	Well No. 14	Pool Name, including Formation (u) Kutz Pictured Cliffs	Kind of Lease Sr 000362A	Lease No. Federal
Location Unit Letter 1 : 1650 Feet From The South Line and 990 Feet From The East Line of Section 5 Township 27N Range 11W N.M.P.M. San Juan County				

III. 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)	
The Permian Corporation	P.O. Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (give address to which approved copy of this form is to be sent)	
El Paso	P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 5 Twp. 27N Rge. 11W	Is gas actually connected? ☐ when

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	Same as last	Diff. Reary.
Date Spudded	Date Comp. Ready to Prod.		Total Depth		M.B.T.D.			
Elevations (D.F., R.A.S., R.T., C.R., 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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loss 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, etc.)
Length of Test	Testing Procedure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Blow, Condensate-MCF	Gravity of Condensate
Testing Method (shut-in, back prod.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Doyle L. Jones

District Operations Manager

April 1, 1985

OIL CONSERVATION DIVISION

APPROVED

APR 03 1985

BY

TITLE

SUPERVISOR DISTRICT #2

This form is to be filed in compliance with RULE 3.104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a statement of the deviation from the rules and regulations of the O.C.D. with RULE 3.104.

All sections of this form must be filled out completely for allow- able on new and re-completed wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation of other such change of condition.

Separate forms (this) must be filed for each pool in multiply completed wells.