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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**

Operator  
**HUSKY OIL COMPANY OF DELEWARE**

Address  
**BOX 380, CODY, WYOMING 82414**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

**CHANGE OF OPERATOR NAME**

If change of ownership give name and address of previous owner **HUSKY OIL COMPANY**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>MORGAN</b>	Lease No. <b>(SF080238A)</b>	Well No. <b>3</b>	Pool Name, including Formation <b>GALLEGOS-GALLUP</b>	Kind of Lease State, Federal or Fee
Location				
Unit Letter <b>D</b>	<b>990</b>	Feet From The <b>N</b>	Line and <b>330</b>	Feet From The <b>W</b>
Line of Section <b>31</b>	Township <b>27N</b>	Range <b>12W</b>	<b>NMPM,</b>	<b>SAN JUAN</b> County

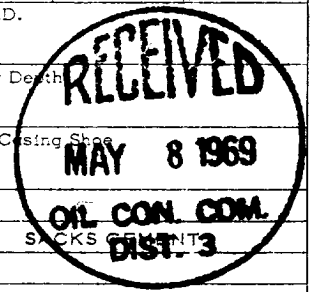
**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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)
<b>ROCK ISLAND OIL COMPANY</b>	<b>321 W. Douglas, Wichita, Kansas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>EL PASO NATURAL GAS COMPANY</b>	<b>Box 1492, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit <b>0</b> Sec. <b>31</b> Twp. <b>27N</b> Rge. <b>12W</b>
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**

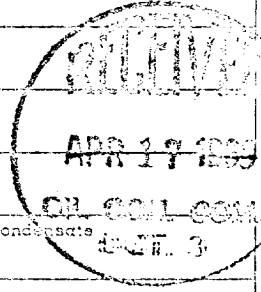
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			STUCKS 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 COMPLETION**

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.

*H. C. Arnold*  
 District Production Clerk  
 April 15, 1969

**OIL CONSERVATION COMMISSION**

APPROVED **MAY 8 1969**  
 BY Original Signed by Emery C. Arnold  
 SUPERVISOR DIST. #3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or d. well, this form must be accompanied by a tabulation of the 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 operator, well name or number, or transporter of oil. Such change of information. Separate Forms C-104 must be filed for each pool in multiple completed wells.