

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
INTERESTED PARTY	
SANTA FE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	☒ OIL ☐ GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

Tesoro Petroleum Corporation

Address 633 17th St., Suite 2000, Denver, CO 80202

Reason(s) for filing (check proper box)

New Well	☐	Change in Transporter of:	
Per completion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Foot, tone, or existing Formation	Kind of Lease	Lease
Hospah Sand Unit	50	Hospah Upper Sand	State, Federal or Fee	Fee
Location				

Unit Letter P ; Feet From The Line and Feet From The

Line of Section 36 Township 18N Range 9W, NMPM, McKinley Court

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)
Ciniza Pipeline	Box 1887, Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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Well produces oil or fluids, give location of tanks.	Unit	Sec.	Twp.	Range	Is a line well connected?	When
	B	1	17N	9W		

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	Same Res'ty.	Diff. Re
Date Logged	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Deviation (if V, RL, 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

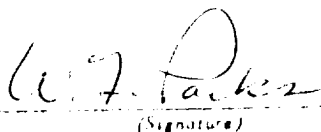
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

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-PPH	Water-PPH	Gas-PPH

AS WELL

Actual Prod. Test-PPH/D	Length of Test	PPH, Condensate/ABMCF	Gravity of Condensate
Producing Method (pump, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.
(Signature)

District Operations Manager

6/16/82
(Date)

OIL CONSERVATION DIVISION

JUN 18 1982

APPROVED _____, 19

BY: Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
all new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name, or number, or transporter, or other such change of conditioSeparate forms O-104 must be filed for each pool in multi
completed wells.