

OIL CONSERVATION DIVISION

P. O. BOX 2005

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
FILED	
INDEXED	
LAND OFFICE	
TRANSPORTER	☒ OIL ☒ GAS
OPERATION	
REGISTRATION OFFICE	

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:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Producing Formation	Kind of Lease	Lease
Hospah Sand Unit	28	Hospah Upper Sand	State, Federal or Free	Fee

Location

Unit Letter	J	Feet From The	Line and	Feet From The			
Line of Section	36	Township	18N	Range	9W	NMCM, McKinley	County

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)

Is well producing oil or fluids, use in other than for oil?	Unit	Sec.	Twp.	Rge.	Is gas naturally connected?	When
	B	7	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 Wells	Diff. Ht.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Deviation (If 3', RI, 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.)

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-Flow	Water-Flow	Gas-MCF

AS WELL

Flow Test- MCF/D	Length of Test	Flow- Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back prod)	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.

W. J. Parks
(Signature)

District Operations Manager

6/16/82
(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/16/82, 19

BY Original Signed by FRANK T. CHAVEZ

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 deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 1104 must be filed for each pool in multi-well completions.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
American Exploration Company

Address
2100 RepublicBank Center, Houston, Texas 77002

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	
☒ Change in Ownership	☐ Casinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

If change of ownership give name and address of previous owner Tesoro Petroleum Corporation, 8700 Tesoro Drive, San Antonio, Tex. 78286

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hospah Sand Unit</u>	Well No. <u>28</u>	Pool Name, including Formation <u>Hospah Upper Sand</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>J</u> : _____ Feet From The _____ Line and _____ Feet From The _____					
Line of Section <u>36</u> Township <u>18N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Ciniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1887, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>B 1 17N 9W</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Roy Quiroga
(Signature) Roy Quiroga
Production Administrator
(Title)
August 17, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED Aug 26 1988
BY [Signature]
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
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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.