

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION OFFICE	
OPERATOR	
TRANSPORTER	
LAND OFFICE	
FILE	
SALES	
GENERAL	

Tesoro Petroleum Corporation

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

Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Per completion	☐	Oil	☒
Change in Ownership	☐	Gas	☐
		Condensate	☐

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	Fee
Hospah Sand Unit	36	Hospah Upper Sand	State, Federal or Fee	Fee

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

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 Gas ☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or fluids, give location of tanks	Unit	Sec.	Range	Line	Is gas actually connected?	When
	B	1	17N	9W		

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

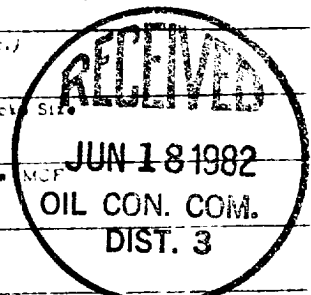
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't. Diff. Re
	☒	☐	☐	☐	☐	☐	☐
Date plugged	Date Compl. ready to prod.	Total Depth	F.B.T.D.				
Deviation (If N, R, L, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of test 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



AS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow, Condensate/BPMCF	Gravity of Condensate
Producing 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)

OIL CONSERVATION DIVISION

APPROVED JUN 16 1982, 19

Original Signed by FRANK T. CHAVEZ

BY 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 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 C-104 must be filed for each pool in multi-completed wells.