

OIL CONSERVATION DIVISION

P.O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
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.	Producing Formation	Kind of Lease	Lease
Hospah Sand Unit	37	Hospah Upper Sand	State, Federal or Fee	Fee

Location	Unit Letter	Feet From The	Line and	Feet From The
	I			
Line of Section	36	Township	18N	Range
				9W
			NMNM,	McKinley
				Cour

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 liquids, give location of tanks	Unit	Sec.	Range	Is gas actually connected?	When
	B	1	17N	9W	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Revisions (If γ , KI, 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 test volume of load oil and must be equal to or exceed test volume for this depth or be for full 24 hours)

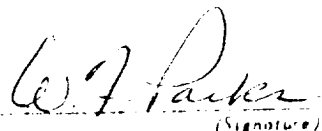
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (Flow, back lift)	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.



District Operations Manager

(Date)

6/16/82

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1982, 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 deepened well, this form must be accompanied by a tabulation of the deviator 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-well completions.