

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: ☒ Oil ☐ Dry Gas ☐
 Per completion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 29	Producing Formation Hospah Upper Sand	Kind of Lease State, Federal or Fee	Fee
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Location
 Unit Letter **G** Feet From The _____ Line and _____ Feet From The _____
 Line of Section **36** Township **18N** Range **9W** NE/4, McKinley

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) 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)

Does well produce oil or gas? Yes () No ()	Unit B	Sec. 1	Twp. 17N	Rng. 9W	Is gas actually collected? ☐	When
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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 ☐	Some Resv. Infl. He ☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.				
Revisions (DF, R, RI, GR, etc.)	Name of Producing Formation	Top CB Gas Pay	Tubing Depth				
Perforations		Depth Casing Shoe					

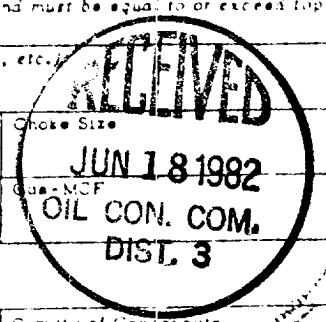
TUBING, CASING AND CEMENTING RECORD

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
Prod. Prod. During Test	Oil-DBls.	Water-DBls.	Gas-MCF



AS WELL

Test First Test-MCF/D	Length of Test	Initial Condensate/MCF	Gravity of Condensate
Casing Pressure (Shut-In)	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
is true and complete to the best of my knowledge and belief.

(Signature)
District Operations Manager

6/16/82
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN. 18 1982, 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 deepen
 well, this form must be accompanied by a tabulation of the device
 tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all
 wells, new and recompleting 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 condi-
 tion.
 Separate Forms C-104 must be filed for each pool in multi-
 completion wells.