

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED DISTRIBUTION SANTA FE FILE U.S.G.A. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE Operator		Tesoro Petroleum Corporation Address 633 17th St., Suite 2000, Denver, CO 80202	
Reason(s) for filing (check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Change in Transporter of: Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)			
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson	Well No. 1X	Pool Name, Including Formation Hospah Lower Sand South	Kind of Lease State, Federal or Fee Federal	Lease 052931
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 K	Sec. 6	Twp. 17N	Rge. 8W
Is gas actually connected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D, RT, 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			

V. 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 allowable for this depth or be for full 24 hours)

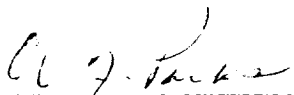
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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


 District Operations Manager
 5/18/82
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 24 1982, 19
 Original Signed by CHARLES GIBULSON
 BY
 TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of oil 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.