

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
REG.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input 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. 4	Pool Name, Including Formation Hospah Lower Sand South	Kind of Lease State, Federal or Fee Federal	Lease 05293
Location				
Unit Letter L	820	Feet From The West	Line and 1686	Feet From The South
Line of Section 6	Township 17N	Range 8W	, NMPM, McKinley	

## 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	Same Restv.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DT, 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

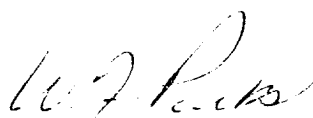
V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top a  
ble for this depth or be for full 24 hours)

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

## 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

(Title)

5/18/82

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

Original Signed by CHARLES GHOLSON

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  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow-  
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi-  
completed wells.