

## P. O. BOX 20316

SANTA FE, NEW MEXICO 87501

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BANTAREE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
REGISTRATION OFFICE	

Tesoro Petroleum Corporation

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

Reason(s) for filing (check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Hospah Sand Unit	71	Hospah Upper Sand	State, Federal or Fee Fee	

Location  
Unit Letter N : 1310 Feet From The South Line and 2000 Feet From The West  
Line of Section 36 Township 18N Range 9W , NMPM, McKinley Co

Designation of Pipeline Ciniza Pipeline ☒ or Condensate ☐  
Name of Authorized Transporter of Oil ☒ 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)
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If well produces oil or liquids, give location of tanks.	Unit B	Sec. 1	Twp. 17N	Rge. 9W	Is gas actually connected?	When
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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	Same Res'v. Diff.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
Elevations (DT, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

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.

APPROVED \_\_\_\_\_  
 Original Signed by **CHARLES GHOLSON**  
 BY \_\_\_\_\_

TITLE: REPORT ON P. GAS INSPECTOR, DIST. #3

W. J. Karp  
(Signature)

District Operations Manager

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Separate Forms C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

APPROVED 197 24 1982, 19

Original Signed by CHARLES GHOLSON

~~TITLE: CHRYSLER CHRYSLER 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of con-

Separate Form C-104 must be filed for each pool in uncompleted wells.