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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

TRANSPORTER CHANGED FROM SHELL  
OIL COMPANY TO SHELL PIPE LINE  
CORPORATION EFFECTIVE 12/31/69

**Tesoro Petroleum Corporation**

Address  
**533 Busby Drive, San Antonio, Texas 78209**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Santa Fe Railroad</b>	<b>14</b>	<b>South Hospah Lower Sand</b>	State, Federal or Fee <b>Fee</b>	
Location				
Unit Letter <b>D</b>	<b>330</b>	Feet From The <b>North</b> Line and <b>990</b>	Feet From The <b>West</b>	
Line of Section <b>7</b>	Township <b>17N</b>	Range <b>8W</b>	NMPM, <b>McKinley</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Shell Oil Company</b>	<b>Farmington, New Mexico</b>					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>D</b>	<b>7</b>	<b>17N</b>	<b>8W</b>	<b>-</b>	<b>-</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **Not commingled**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	<b>X</b>		<b>X</b>					
Date Spudded <b>9/2/67</b>	Date Compl. Ready to Prod. <b>10/4/67</b>	Total Depth <b>1567-1/2 RKB</b>	P.B.T.D. <b>-</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>6908 G. L. 6916 RKB</b>	Name of Producing Formation <b>Lower Hospah Gallup</b>	Top Oil/Gas Pay <b>1564 RKB</b>	Tubing Depth <b>1538 RKB</b>					
Perforations <b>None - Open Hole 4-3/4"</b>			Depth Casing Shoe <b>1562 RKB</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>69' RKB</b>		<b>40 sacks</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>1562' RKB</b>		<b>60 sacks Class "C"</b>			
	<b>2-3/8"</b>		<b>1538' RKB</b>					

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 <b>10/20/67</b>	Date of Test <b>10/28/67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>None</b>	Casing Pressure <b>None</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>20.27</b>	Oil-Bbls. <b>19.8</b>	Water-Bbls. <b>.47</b>	Gas-MCF <b>TSTM</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*R. H. Penman*  
(Signature)

**Petroleum Engineer**

**November 20, 1967**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 29 1967**, 19

BY **Original Signed by Emery C. Arnold**  
SUPERVISOR DIST. #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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition.

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