

OIL CONSERVATION DIVISION

P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OTHER REVENUE	
INTERESTS	
SANTA FE	
FILE	
DEVELOP	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

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 ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Field Name, Including Formation	Kind of Lease	Lease
Santa Fe Railroad "A"	77	Hospah Upper Sand South	State, Federal or Fee	Fee
Location				
Unit Letter	P	330 Feet From The	South Line and	760 Feet From The
Line of Section	1	Township	17N	Range
			9W	, NMIM, McKinley

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipeline	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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	1	17N	9W		

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)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (ft. <u>N, RL, GR, etc.</u>)	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 (e.g., Pumpjack, Gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-PPH	Water-PPH
		Gas-MCF

GAS WELL

Actual Prod. Tests-MCF/D	Length of Test	Title, Condensate/MCF/D	Gravity of Condensate
Testing Method (piston, back prod.)	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

OIL CONSERVATION DIVISION

MAY 24 1982

APPROVED

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, 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 deep 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 well name or number, or transporter, or other such change of conditions.

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