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	FILE			<del>,</del>		
	U.S.G.S.					
1.	LAND OFFICE					
	TRANSPORTER	OIL	1			
		GAS				
	OPERATOR					
	PRORATION OFFICE			<u> </u>		
	Tesoro Petroleum Corpor					
	Address 8520 Crownhill Boulevan					
	Reason(s) for filing (Check proper box, New Well					
	Recompletion					

R. H. Denman Petroleum Engineer

February 20, 1970

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

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.

	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	AS O		
	LAND OFFICE			(5.1-		
	TRANSPORTER GAS			V		
	OPERATOR 2					
1.	PRORATION OFFICE					
-	Operator Tesoro Petroleum Corpora	ation		The leader to be to be		
	Address	301011				
		d, San Antonio, Texas 78	209	1076		
	Reason(s) for filing (Check proper box)		Other (Please explain) Lease Name Cha	Mark Bro Klason & Sard		
	New Well	Change in Transporter of:		PANGER DOCK		
	Recompletion	Oil Dry Gas Castnahead Gas Condens				
	Change in Ownership	Casinghead Gas Condens	10 lipper 1889	FOR LOWE		
	If change of ownership give name and address of previous owner	N/A				
	and address of previous owner.					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Lease Name	56 Upper Hospah	State, Federal	or Fee Fee		
1	Inspah Sand Wn	117		_		
/	Unit Letter G : 1520	Feet From The North Line	e and <u>2450</u> Feet From T	he East		
		1711	W , NMPM, McKin	lev County		
	Line of Section 1 Town	nship 17N Range 9	yw , NMFM, MCKIII	icy		
***	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
III.	Name of Authorized Transporter of Oil	or Condensate	Addiess (Othe dances to which applies	1		
	Shell Pipe Line Corpora	tion	P. O. Box 1588, Farming Address (Give address to which approx	ton, New Mexico		
	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Give address to which approx	year copy of this form to the county		
	N/A	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	∍n		
	If well produces oil or liquids, give location of tanks.	G 1 17N 9W				
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:	N/A		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.		
	Designate Type of Completio	on - (X)	How was			
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
	Date Spudded 7-15-69	1-30-70	2730' RKB	1648' RKB		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6923' GR 6931' RKB	Upper Hospah	1520' Schl.	1497 RKB Depth Casing Shoe		
	Perforations			1694' RKB		
	1514-42' RKB	THRING CASING AND	D CEMENTING RECORD	1094 1110		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	302' RKB	200 sx cmn + 2% CaC1.		
	7-7/8"	5-1/2"	1694' RKB	140 sx Class "A"+2% CaC		
		2-3/8"	1497' RKB			
			the recovery of earl values of load all	and must be equal to or exceed top allow-		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this di	epth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	1-30-70	2-13-70	Pumping Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	20 psi	N/A		
Ź	24 hours Actual Prod. During Test	100 psi	Water - Bbls.	Gas-MCF		
	38.75 gross	34.10	4.65	Nil		
	30.73 grees					
	GAS WELL N/A		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate Minior			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, buck pity					
TU.	I. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVATION COMMISSION FEB 2 4 1970			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			FEB 2 4 1570			
			BY_Original Signed by Emery C. Arnold			
		with and that the information given he best of my knowledge and belief.	BY	By Original Signed 27		
			SUPERVISOR DIST. #3			
	$\rho \sim \Lambda$		This form is to be filed in	compliance with RULE 1104.		
	K. Al- Alon	M MM	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.			
	(Sie	nature)				
R. H. Denman			tests taken on the well in accordance with note 1			