

OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO OPERATOR	
TO DISTRICT	
TO S.A.E.	
TO FIELD	
TO LAND OFFICE	
TO TRANSPORTER	
TO OIL & GAS	
TO OPERATOR	
TO 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	☐	Change in Transporter's Oil	☐
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Producing Formation	Kind of Lease	Lease
Santa Fe Railroad	21	Hospah Upper Sand South	State, Federal or Fee	Fee
Location				
Unit Letter	C	660 Feet From The	North	Line and 1870 Feet From The
Line of Section	7	Township	17N	Range 8W, NMPM, McKinley

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (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
	D
	7
	17N
	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 Hst'n.	Diff. Hst'n.
Date Drilled	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D, S, R, 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

(Test must be after recovery of total volume of dead oil and must be equal to or exceed top value for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (e.g. 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 (spot, 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.

W. A. Puckett
(Signature)
District Operations Manager

5/18/82
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 24 1982**, 19
Original Signed by **CHARLES GHOLSON**
BY
TITLE **DEPUTY OIL & GAS MANAGER**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.