

OIL CONSERVATION DIVISION

P.O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR Tesoro Petroleum Corporation	
Address 633 17th St., Suite 2000, Denver, CO 80202	
Reason(s) for filing (Check proper box) New Well ☐ Recompletion ☐ Change in Ownership ☐	Other (Please explain) Change in Transporter of: Oil ☒ Gas ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner:	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson	Well No. 17	Producing Formation Hospah Upper Sand South	Kind of Lease State, Federal or Fee Federal	Lease No. 05293
Location Unit Letter K 2090 2770 Feet From The South Line and 1940 Feet From The West				
Line of Section 6 Township 17N Range 8W, NEEMA, McKinley				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate Ciniza Pipeline	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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or fluids, give location of tanks: Unit K Sec. 6 Twp. 17N Range 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 ☐ Some Res'tv. ☐ Diff. Fr. ☐	Date Logged Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DT, G, RI, 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 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)

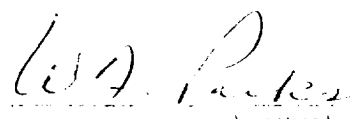
Date First New Oil Run to Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D Length of Test Rate, Condensate/MCF Gravity of Condensate	Testing Method (piston, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
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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
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 24 1982
 Original Signed by CHARLES GHOLSON
 DEPUTY OIL & GAS 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 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 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.