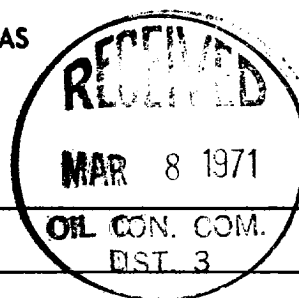


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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



Operator Tesoro Petroleum Corporation	
Address 8520 Crownhill Blvd., San Antonio, Texas 78209	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe RR	Well No. 26	Pool Name, Including Formation Lone Pine, Dakota D <i>Eyt</i>	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Shell Transp.</i>	Address (Give address to which approved copy of this form is to be sent) Farmington	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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	Sec. 7
	Twp. 17N	Rge. 8W
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-365

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/5/71	Date Compl. Ready to Prod. 2/15/71		Total Depth 2855RKB		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 7014GR 7028KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 2778		Tubing Depth 2771			
Perforations 2788-91, 2794-98, 2802-04					Depth Casing Shoe 2852			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		140 RKB		100			
7 7/8	5 1/2		2852 RKB		300			
	2 3/8		2771 RKB					

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 2/17/71	Date of Test 2/19/71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 320	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 105.3	Water - Bbls. 4.5	Gas - MCF 174.5

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

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.

[Signature]
(Signature)
Vice President
(Title)
3/2/71
(Date)

OIL CONSERVATION COMMISSION

MAR 11 1971

APPROVED _____, 19____
BY Original Signed by Emory C. Arnold
SUPERVISOR DIST. #8
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.