

## OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DATE RECEIVED          |     |
| FILE                   |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| REGISTRATION OFFICE    |     |

Tesoro Petroleum Corporation (changed from Tenneco)

Address  
633 17th Street - Suite 2000 Denver, CO. 80202

Telephone: (303) 825-2000

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Lease name  
Lone Pine Dakota D Unit # 26change of ownership give name and address of previous owner  
Tenneco Oil Company-6061 S. Willow Dr., Box 3249 Englewood, CO 80155

## DESCRIPTION OF WELL AND LEASE

|  |                |   |   |           |
|--|----------------|---|---|-----------|
| Lease Name<br>Santa Fe Railroad  | Well No.<br>26 | Pool Name, including Formation<br>Hospah Upper Sand South | Kind of Lease<br>State, Federal or Fee<br>Fee | Lease No. |
| Location<br>Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u><br>Line of Section <u>7</u> Township <u>17N</u> Range <u>8W</u> , NMPM, County |                |   |   |           |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |
|---|--|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Ciniza Pipeline | Address (Give address to which approved copy of this form is to be sent)<br>Box 1887, Bloomfield, NM 87413 |            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                       | Address (Give address to which approved copy of this form is to be sent)                                   |            |
| I well produces oil or liquids,<br>give location of tanks.  | Unit<br>D  | Sec.<br>7  |
|   | Twp.<br>17N  | Rge.<br>8W |

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

## COMPLETION DATA

|  |                             |          |                 |          |        |                   |             |              |
|--|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)       | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Restv. | Diff. Restv. |
| Date Spudded                             | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Deviations (ft. <u>N, RT, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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    |

## AS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Casing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jim Yates  
(Signature)  
Production Engineer  
(Title)

6/15/82

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 18 1982

Original Signed by CHARLES GHOLSON

BY: 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 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.