

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

Address 16800 Greenspoint Park Drive Suite 300 South Atrium  
Houston, Texas 77060-2304

New Well ☐  
Recompletion ☐  
Change In Ownership ☒

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)  
Character well name change from  
Hospin to So. Hospin Unit #51  
WATER INJECTION WELL

Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	FEDERAL
SOUTH HASPAH UNIT	51	So. HASPAH (LAWER) Sand	State, Federal or Fee	N/M - 08/2007
Location				
Unit Letter	E	: 1935 Feet From The	NORTH	Line and 620 Feet From The WEST
Line of Section	12	Township	17N	Range 9W, NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
GINIZA PIPELINE WATER INJECTION		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)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

[illegible]

(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)

OIL WELL			
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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing 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.

Steve Warner  
(Signature)

Debra Harris, Production Coordinator

11/17/87; Effective Date 11/1/87

(Date)

OIL CONSERVATION DIVISION

NOV 20 1987

APPROVED

BY

TITLE

**SUPERVISION DISTRICT # 3**

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.