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NO. OF COPIES HEC	5	5		
DISTRIBUTIO				
SANTA FE	1			
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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS			
OPERATOR				
PROPATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	1		REQUEST F	OR ALLOWABLE		Supersedes Old Effective 1-1-65	C-104 and C-110		
	FILE	/	-		Eliactiva 1-1-03					
L	U.S.G.S.	1		AUTHORIZATION TO TRAI	ISPORT OIL AND NATU	RAL GAS				
L	LAND OFFICE	1					0/1			
- 1	TRANSPORTER OIL	1.			•		12			
	GAS	<u> </u>			•		10.			
	OPERATOR	2								
1.	PRORATION OFFICE	<u>L</u>								
	Operator Tesoro Petroleum Corporation									
		Cor	pora	ation						
	Address	_		·						
	8520 Crownhill, S			onio, lexas 76209				<u>`</u>		
	Reason(s) for filing (Check proper box) Other (Please explain)						NA PA	- /		
	New We!l			Change in Transporter of:		,				
	Recompletion			Oil Dry Gas	· <u> </u>		1 1 3 My 1	1		
-	Change in Ownership			Casinghead Gas Condens	sate		<u> </u>			
							•			
	If change of ownership giv									
i	and address of previous ov	wner	·····							
	DESCRIPTION OF WEL	T A	ND L	FASE						
11.	Lease Name	א נונ	ND L	Well No. Pool Name, Including Fo	rmation Kind	of Lease		Lease No.		
	Hospah Sand Unit			1-Y Upper Hospah S	Sand State	Federal cr	Fee Fee			
	Location			opporoppon :	<u></u>	· · · · · · · · · · · · · · · · · · ·				
	Α	, 9	225	Feet From The North Line	. 1330 -	. Team Mt -	East			
	Unit Letter A	_ ;	141	Feet From The HOLEII Line	e andFee	t r rom The				
	1			. 17N	W , NMPM,	McKin1e	277	County		
	Line of Section 1		Town	nship 17N Range	W , NMPM,	PICKLIII	у	County		
					_					
II.	DESIGNATION OF TRA	ANSP	ORT	ER OF OIL AND NATURAL GA	S Address (Give address to whice	h approved	conv of this form is to	o he senti		
	Name of Authorized Transpo	orter c	of Oil	or Condensate	· ·			o be semy		
	Shell Pipe Line	Comp	pany		PO Box 1588, Farmington, New Mexico					
	Name of Authorized Transpo	orter c	f Casi	nghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
		· · · · · ·	Unit Sec. Twp. Rge.	Is gas actually connected? When						
	If well produces oil or liquid give location of tanks.	ds,	,	K 1 17N 9W	No					
			1							
		ingle	d with	n that from any other lease or pool,	give commingling order numi	er:				
V.	COMPLETION DATA			Oil Well Gas Well	New Well Workover De	epen I	Plug Back Same Res	v. Diff. Res'v.		
	Designate Type of (Comp	letio		X	· I	1	1		
					Total Depth	- -	P.B.T.D.	<u>l</u>		
	Date Spudded			Date Compl. Ready to Prod.	1	·				
	8-24-71			9-27-71	1613' KB	- -	Tubing Depth			
	Elevations (DF, RKB, RT,									
	6941' GL; 6953'	'GL; 6953' KB Upper Hospah Sand 1575' (Sch1)				1601' KB				
	reforations					Depth Casing Shoe				
	1588' - 1613' (S	ch1) 0	pen Hole			1588' Schl			
TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE CASING & TUBING SIZE DEPTH SET						SACKS CEMENT			
	12-1/4"			8-5/8"	72' KB 1588' Sch1.		60 sacks 100 sacks			
				5-1/2"						
	7-7/8"			2-3/8"	1601' K					
				2-3/6	1001					
					to the state of th	lood oil an	d must be squal to or	exceed top allow		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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	OIL WELL								
	Date I list New Oli Adit to Lanks									
	9-27-71			10-11-71	Casing Pressure		Choke Size			
	Length of Test			Tubing Pressure	1	1	0024 0.14			
	24 hours			50 psi	0		Gas-MCF			
	Actual Prod. During Test			Oil-Bbls.	Water - Bbls.					
	8			7	1		Tstm	·		
	GAS WELL N/A									
	Actual Prod. Test-MCF/D Length of Test			Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate			
	Merida Maria 1991-Mot / P	-								
		I		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
	Testing Method (pitot, bac	n pr.)		. animy the same (State - same						
			<u> </u>	1 200		TION COMMISSIO	\AI			
VI	VI. CERTIFICATE OF COMPLIANCE			OIL CON		TION COMMISSIC	719			
=	CENTIFICATE OF COMPANY			APPROVED NOV 1 1971 . 19						
	I hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 's						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Original S	By Original Signed by Emery C. Arnold				
					BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3					
				TITLE	TITLE					
	Λ				e:(_d)= -:	maliance with mill	F 1104			
	D11 D.				This form is to be	illed in Co	ompliance with MUL	led or deenens		
	W KI 177.	-			II TE ALIA IN A PAGNAST	IOT BLIGWS	inte for a vewin gill	TAG OL GRADAUA		

R. H. Denman man (Signature)

Manager of Production Engineering (Title)

October 25, 1971

(Date)

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.