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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

B.K.

Operator Tesoro Petroleum Corporation	
Address 8520 Crownhill San Antonio, Texas 78286	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Not applicable.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 85	Pool Name, including Formation Hospah Upper Sand	Kind of Lease State, Federal or Fee	Fee	Lease No. --
Location					
Unit Letter G ; 1500 Feet From The N Line and 1925 Feet From The E					
Line of Section 1 Township 17N Range 9W , NMPM, McKinley County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company - Four Corners Pipe Line	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N.A.	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 K	Sec. 1
	Twp. 17N	Rge. 9W
	Is gas actually connected? No gas	
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-30-73	Date Compl. Ready to Prod. 8-22-73		Total Depth 1551		P.B.T.D. Same			
Elevations (DF, RKB, RT, GR, etc.) 6926 GR	Name of Producing Formation Hospah		Top Oil/Gas Pay 1534'		Tubing Depth 1540'			
Perforations Open hole 1536-1551'					Depth Casing Shoe 1535 KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4"	8 5/8"		102' KB		100'			
7 7/8"	5 1/2"		1535 KB		150			
	2 3/8"		1540' KB		--			

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 8-24-73	Date of Test 8-26-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40 PSI	Casing Pressure 0	Choke Size --
Actual Prod. During Test 15 bbls.	Oil - Bbls. 14	Water - Bbls. 1	Gas - MCF Nil

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.  
R. H. Denman

Director of Production Administration

August 29, 1973

OIL CONSERVATION COMMISSION

APPROVED SEP 4 1973, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR 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 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.