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SANTA FE		†	
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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DISTRIBUTION	11577.1577.00			
SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE	- REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C.	
	_	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	2.4.5	
LAND OFFICE		AND ON TOTE AND NATURAL	3A3	
OIL				
IRANSPORTER		į		
GAS	_			
OPERATOR				
PROPATION OFFICE	7			
Operator				
1	,			
CITATION DIL	+ GAS CORP.			
Address				
16 800 Cd a gar & Paint	PARK Daire	()		
Regson(s) for filing (Charle propos has	TINK UKIVE SUITE	2300 S.AFRIUM, HOUST	ON TX 77060	
Redson(s) for filing (t. neck proper box	,	Other (Please explain)		
New We!!	Change in Transporter of:	CHANGE; N	OPORATOR FROM	
Recompletion	beck proper box) Change in Transporter of: OIL OTHER DRIVE SUITE 300 S.ATRIUM, HOUSTON T X 77060 Other (Please explain) CHANGE; N ORDRATOR FROM OIL OIL OIL Casinghead Gas Condensate			
Change in Ownership				
	Cushiqueda Gas Conde	ensate 10/3	26/87	
If change of any south	PREVIOU			
and address of previous owner.	TESORO POTROLLUM CO	APARTICA PARA TOS	0	
and address of previous owner	Company Comments	CHORATION 8703 135	and prive	
** ************************************	SAN AN	TONIO, TX 78217	•	
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
SANTA FO RA A	1 84 So HOSPAH L	State, Federa	lor Fee Fee	
Location		74.1(6)		
,			★	
Unit Letter	Feet From The	ne andFeet From 1	rhe ±	
			l l	
Line of Section Toy		The , NMPM, M	1- K'112V	
Line of Section / Toy	wnship // Range	, NMPM,	County	
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	16		
Name of Authorized Transporter of OI!	or Condensate	Address (Give address to which approx	red conv of this form is in 1	
		nadioss (othe dadress to which approx	ped copy of this form is to be sent)	
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent!	
			, , , , , , , , , , , , , , , , , , , ,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	rn	
give location of tanks.				
		<u> </u>		
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	•			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$		1 134 Dack Dame Nes 1. Ditt. Res.v.	
	<u> </u>	1	!!!!!	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7/30/73	10/77	1656	1656'	
Flauritas (DE DVD DT CD	Name of Producing Formation	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth /603	
7049'GL	HOSPAH	1570	/603'	
Perforations	<u> </u>			
11 47	1-1656' O.H.		Depth Casing Shoe	
/6 7 /	-1636 Vitt.		1647'	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE			
		DEPTH SET	SACKS CEMENT	
124"	95"	951	501	
73"	7"	16\$7 /	180	
			<u> </u>	
		Í		
V. TEST DATA AND REQUEST FO	PALLOWARIE (Took Took to a	6		
OIL WELL		fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-	
Date First New Oil Run To Tanks				
Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
1				
Length of Test	Tubing Pressure	Casing Pressure	Schola Siza	
		Casing Freedome,	Choke Size	
		$L_{\mu u} = L_{\mu u}$		
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas -MCF	
		1/00-	MM	
-			Paris d	
GAS WELL			<i>•</i> ,	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Dote: Condensate/MMCP	eranth of Coudevage.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	` ,			
L				
VI. CERTIFICATE OF COMPLIANC	E	OIL CONSERVAT	TION COMMISSION	
				
* 1	<u> </u>	APPROVED BES) P 4003	
I hereby certify that the rules and re		APPROVED DEC	17 1987	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				
mouve is true and complete to the	best of my knowledge and belief.	BY	//	
Λ			Marian	
//				
SUPERVISION DISTRICT #3			DISTRICT # 3	
5 Mrs. 111 Mas. 4	This form is to be filed in compliance with RULE 1104.			
Tolumb () house	If this is a request for allowable for a newly drilled or deepend			
(Signat	(Signature) If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation of the devia			
well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.			led by a tabulation of the deviation	
AAOA PARALETIAL	use)	well, this form must be accompani	led by a tabulation of the deviation and ance with RULE 111.	
ARSA PRODUCTION	MANAGER	well, this form must be accompanies tests taken on the well in accord-	ance with RULE 111.	
ARSA PRODUCTION	MANAGER	well, this form must be accompani tests taken on the well in accord All sections of this form must	ance with RULE 111. t be filled out completely for allow-	
ARSA PRODUCTION TESORO POTROLOCTION	MANAGER CORPORATION	well, this form must be accompani tests taken on the well in accord. All sections of this form must able on new and recompleted well	ance with RULE 111. t be filled out completely for allow- is.	
ARSA PRODUCTION	MANAGER 1) CORPORATION 7	well, this form must be accompanied tests taken on the well in accordable and sections of this form must able on new and recompleted well. Fill out only Sections I, II,	ance with RULE 111. t be filled out completely for allow-	

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.