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DISTRIBUTION			
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FILE			レ
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
			1

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

				10			
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Tesoro Petroleum Corporation						
	Address						
-	1776 Linc	oln St., Suite 1012, Den	ver Colorado 80203				
1	Reason(s) for filing (Check proper box)	Din Br., Butte 1012, Den	Other (Please explain)				
	This wall formarly State "R" no 86 now						
	New Well	·	1	h Sand Unit no.86			
	Recompletion	Oil Dry Ga	<u> </u>				
	Change in Ownership	Casinghead Gas Conden	because of U. Ho	ospan Cmpl.			
				· ·			
	If change of ownership give name and address of previous owner						
	and address of previous owner						
**	DESCRIPTION OF WELL AND	TASE					
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
		86 Upper Hospah	State, Federa	or Fee State NM662			
	Hospah Sand Unit	86 <del>Upper</del> Hospah	1 April 100	Dtate 14141002			
	Location						
	Unit Letter G ; 231	0 Feet From The North Lin	e and 1650 Feet From 7	<sub>The</sub> East			
	Line of Section 36 Tow	vaship 18N Range	9W , NMPM, M <sup>C</sup> Ki	nley County			
	Cinc of cottless OO						
	PERSONALISM OF TRANSPORT	PER OF OUL AND NATURAL CA	c				
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent!			
	ì -	Cr Condonsate					
	Shell Pipeline Corp. P.O. Box 1588 Farmington, N.						
	Name of Authorized Transporter of Casinghead Gas 🔼 or Dry Gas 🗌 Address (Give address to which approved copy of			ved copy of this form is to be sent)			
	Tesoro's Field Gathe	ering System	]				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who				
	give location of tanks.	E 1 17N 9W	Yes	6/19/74			
	<u> </u>	1 T 1 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1		· · · · · · · · · · · · · · · · · · ·			
	If this production is commingled wit	th 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 Res'v. Diff. Res'v.			
	Designate Type of Completion	$\mathbf{x} = (\mathbf{X})$					
	Designate Type of Completion	<u> </u>	X	<del>                                     </del>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5/1/74	6/2/74	2925	1836'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	GL 7144;KB 7155'	Upper Hospah	1816'	1800'			
		J Opper Hospan	1010	Depth Casing Shoe			
	Perforations			1860'			
	1816-20' w/4]	SFF	A PARAMETER A PARA	1000			
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	T			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 ½"	8 5/8"	146'	100 sx.			
	7 7/8"	5 ½"	1860'	90 sx.			
V.	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	Date of Test	Producing Method (Flow, pump, gas li	ft. etc.)			
	Date First New Oil Run To Tanks			,,,			
	6/4/74 Length of Test	6/4/74 Tubing Pressure	Swbd				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	3 hours						
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Les-MCF			
		12	24 Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TSTM			
	36 BF	12		4074			
			30	1974			
	GAS WELL	Ti and at Tank	Bbls. Condensate/AMCF	Condensate			
	Actual Prod. Test-MCF/D	Length of Test	BEILE: COMMENTATION AND COM	. Golding			
			OIL OIST	Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut:-in)	Casing Pressure (Shut in) DIS	Choke Size			
				1			
1/1	CERTIFICATE OF COMPLIAN	CF	OIL CONSERVA	ATION COMMISSION			
11			7./				
			APPROVED 7-10- 7-4  By Original Signed by Emery C. Arnold				
			cioned by Emery C. Arnold				
			By Original Signor				
			TITLESUPERVISOR DIST: 45				
	2750		This form is to be filed in compliance with RULE 1104.				
The t		This form is to be filed in	Comparence with NUES 1104.				

## VI.

1. C. Marguart	·
(Bignature)	
District Engineer/	
(Title)	
6/2/74	

(Date)

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.