HO. OF COPIES RECEIVED		6	
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SANTA FE		/	
FILE			
U.S.G.S.			
LAND OFFICE		L	
TRANSPORTER	OIL	1	
	GAS	1	<u></u>
OPERATOR		2	
PRORATION OFFICE		<u>L</u>	<u> L</u> .
Sperator	_	_	

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	~3	OR ALLOWABLE	Supersedes Old 04 and C-110 Effective 1-1-65	
FILE /		AND SPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRAIN.	SPORT OIL AND NATURAL	OA3	
OIL /				
TRANSPORTER GAS /				
OPERATOR 2			•	
PRORATION OFFICE				
Speciator Tasana Pat	roleum Corporation			
	First of Denver Plaza			
633 = 17th	St., Denver, Colorado 8020	02		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)		
New Well	Change in Transporter of:	r: \		
Recompletion	Oil Dry Gas	-		
Change in Ownership	Casinghead Gas Condenso	ate		
If change of ownership give name and address of previous owner				
	n i fasf			
DESCRIPTION OF WELL AN Lease Name	Well No. Poor Name, moraning ton		E 1 -2	
Hanson	28 Hospah, Lower	So. State, Feder	ral or Fee Federal NM052931	
Location		22101	025+	
Unit Letter;	2310 Feet From The South Line	and 2310' Feet From	The <u>east</u>	
	Tanasha 17N Bange	8W McKir	nley County	
Line of Section 6	Township 1711 Range	, INIV. Pasi,		
TESTON TETON OF TRANSPO	ORTER OF OIL AND NATURAL GAS	.		
Name of Authorized Transporter of	Oil X or Condensate	William Othe manicage to missey = bb.	roved copy of this form is to be sent)	
Shell Pipeline Corp	oration	P.O.Box 1588, Farming	ton, New Mex. 87401	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app.	roved copy of this form is to be sent)	
Tesoro's Hospah Gas	Gathering System	1	√hen	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Ves	Upon completion	
give location of tanks.			PC 498	
If this production is commingled	with that from any other lease or pool, g	give commingling order number:	PU 490	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Compl		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4-11-75	5-19-75	1699'	1589'	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
GL 6903'; KB 6916'	Lower Hospah-Gallup	1576	Depth Casing Shoe	
Perforations	/21505		1687'	
1576 to 82'	TUBING, CASING, AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	8-5/8"	103' KB	100 sx.	
12-1/4" 7-7/8"	5-1/2"	1687' KB	100 sx.	
7-7/8	2-3/8"	1576' KB		
TEST DATA AND REQUES	FOR ALLOWABLE (Test must be af	fter recovery of total volume of load	oil and must be equal to or exceed top allo	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, purple 20)		
Date First New Oil Run To Tanks	Date of Test	Pump		
5-19-75	5-25-75	Costno Pressure	Chord 5.22	
Length of Test	Tubing Pressure		Choky 63	
24 hrs.	Oil-Bbis.	Water-Bbls.	Area Williams	
Actual Prod. During Test 85 BF	51	34	M Gas-MONI.	
03 01		10	DIST.	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		An 3-1	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHORD SIZE	
			NATION COMMISSION	
CERTIFICATE OF COMPL	IANCE	OIL CONSER	EVATION COMMISSION	
		APPROVED		
I hereby certify that the rules	and regulations of the Oil Conservation	f. Boriginal Signed by Emery O. Alliott		
	ied with and that the information given to the best of my knowledge and belief.			
SOUVE IS LINE SILE COMPLETE !	-	7171 =	SUPERVISOR DIST. #3	
	_			
11/1/1/1/1/	72	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devis		
K. Charles	//mary			
		il taste taken on the Well In a	CCOLGRUCA MICH MOFF	
District Enginee		All sections of this form	n must be filled out completely for allowed wells.	
N 07 3075	(Title)		T IT IT and VI for changes of own	
May 27, 1975		well name or number, or trans	porter, or other such change of condition	

(Date)

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.