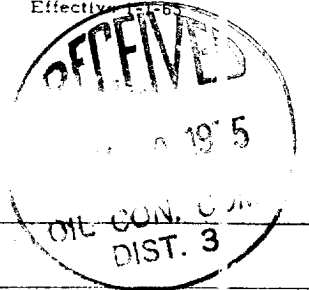


NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		

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
Effectively 1-1-75



Operator Tesoro Petroleum Corporation	
Address Suite 2000, 1st of Denver Plaza Bldg., 633 17th Street, Denver, Colorado 80202	
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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson	Well No. 29	Pool Name, Including Formation South Hoshah Lower Sand	Kind of Lease State, Federal or Fee Federal	Lease No. NM-052931
Location Unit Letter <u>M</u> ; 400' Feet From The <u>South</u> Line and 1130' Feet From The <u>West</u> Line of Section <u>6</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tesoro's So. Hoshah Gas Gathering System	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 L.	Sec. 6
	Twp. 17N	Rge. 8W
	Is gas actually connected? Yes	When Upon Completion

If this production is commingled with that from any other lease or pool, give commingling order number: PC 498

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded 4/15/75	Date Compl. Ready to Prod. 4/25/75		Total Depth 1650'		P.B.T.D. 1610'			
Elevations (DF, RKB, RT, GR, etc.) 6900' GL 6913' KB	Name of Producing Formation Lower Hoshah		Top Oil/Gas Pay 1554'		Tubing Depth 1576' KB			
Perforations 1580' - 1590' w/ 2 JSPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" (casing)		103' KB		100 sx. CL A & B			
7 7/8"	5 1/2" (casing)		1640' KB		100 sx. CL A			
7 7/8"	2 3/8" (tubing)		1576' 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 5/5/75	Date of Test 5/8/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 127 BTF	Oil - Bbls. 62	Water - Bbls. 65	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

L. Charles Marguaret
(Signature)
District Engineer
(Title)
May 1975
(Date)

OIL CONSERVATION COMMISSION
MAY 20 1975

APPROVED _____, 19_____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

This form is to be filed in compliance with RULE 1004.
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.