NO. OF COPIES RECEIVED		1 4	2
DISCRIBUTION			1
SANTA FE			
FILE	1		
U.S.O.S.			
LAH, DEFICE	The state of the s	1	
THANSPORTER	OiL	1	
	GAS	1	
OPERATOR		2	i
PROPATION OFFICE			
Tesoro Address	Petro	leu	m_C
633 171 Reason(s) for filing New Well	th_Str (Check p	reet	<u>. S</u> I أعدا

## NEW MEDICO OIL CONSERVATION COMMISSION

	Fills	$\preceq$	T FOR ALLOWABLE AND	Successions Old C-10s and Co- Effective 1-1-65			
	LAM, WFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NATURA	AL GAS			
	Oil /						
	THANDPORTER GAS /						
	OPERATOR 2						
3	PROPATION OFFICE						
	Tesoro Petroleum	_Corporation					
	633 17th Street, Suite 2000, Denver CO 80202  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well XX	Change in Transporter of:	Other (Flease explain)				
	Recompletion	Oil Dry C	Gas 🔲				
	Change in Ownership	Casinghead Cas Cond	ensate				
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AN	O LEASE Well No., Pool Name, Including	Formalion				
	Hanson	31 Hospah, Lo		deral or Fee			
	Location	nospan, ru	WEL SOUCH	Fed NMQ52931			
	Unit Letter K ;	1670 Fee: From The South L	ine and 2460 Feet Fr	om The West			
	Line of Section 6 7	ownship 17N Range	8W , NMPM,	McKinley County			
[]].	. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of C	or Condensate		oproved copy of this form is e sent)			
	Shell Pipeline Corpor	ation Casinghead Gas or Dry Gas (7)	PO Box 1588, Earmin	gton, New Mexic 87401			
	Tesoro's Gas Gatherin		Address (Give madress to which ap	proved copy of this form of to be sent)			
	If well produces of or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.	K 6 17N 8W	yes	upon Completion			
ŧv.	If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,		PC 498			
	Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5-14-75 Elevations (OF, RKB, RT, GR, etc.)	6-6-75 Name of Producing Formation	1620'	1600'			
	6878 GL; 6891 KB	Lower Hospah	Top O11/Gas Pay	Tubing Depth			
	Periorations		1305	1575 Depth Casing Shoe			
	1578-88 DIL w/2JSDF	Welsty Sales on Artistan Ass	M. of Military and M. of Marie and M. of M	1620'			
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT			
	124"	8 5/8"	85'	100 sx			
	11	5 1/2"	1617'	100 sx			
V.	TEST DATA AND REQUEST I		after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow			
	OIL WELL Date First New Oil Run To Tanks	Data of Test	Producing Method (Flow, pump, gas	s lift, etc.)			
	6-16-75	6-18-75 Tubing Pressure	Pumping				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siz			
1	24 hours Actual Prod. During Test	OII-Bbla.	Water-Bbls.	Gas-MCR			
	282 BTF	23	259	TSTM W of 3			
	GAS WELL		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Actual Fred. Toot-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensation			
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choka Siza			
l			•				
<b>4</b> .	CERTIFIC ITE OF COMPLIAN	ICE	OIL CONSER	VATION COMMISSION JUL 14 1975			
I hereby certify that the rules and regulations			1 -: -				
		with and that the information given a best of my knowledge and belief.	BOriginal Signed by	mery C. Arnold			
			TITLE	SUPERVISOR DIST			
			This form is to be filed in compliance with RULE 1104.				
-	1 But the the the the territory	11/2 car of	If this is a request for allowable for a newly drilled or despened				
		iction Superintendent	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.				
-		1!0)	All sections of this form able on new and recompleted	must be filled out completely for allow- wells.			
-	7-11-75		Fill out only Sections I.	II. III, and VI for changes of owner, orter, or other such change of condition.			
	(D	ale)	<i>t</i> i	orter, or other such change of condition.  ust be filed for each pool in multiply			
			completed wells.	-			