

OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator Tesoro Petroleum Corporation	
Address 633 17th St., Suite 2000, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Santa Fe Railroad	Well No. 39	Pool Name, including Formation Hospah Lower Sand South	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter D	330	Feet From The West	Line and 700
Line of Section 7		Township 17N	Range 8W
		NMPM, McKinley	Cour

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Ciniza Pipeline		Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		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 D	Sec. 7	Twp. 17N
		Rge. 8W	
Is gas actually connected?		When	

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. R. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (D, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

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 able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
District Operations Manager	
5/18/82	
OIL CONSERVATION DIVISION	
APPROVED MAY 24 1982	
Original Signed by CHARLES POLSON	
BY	
TITLE DEPUTY OIL & GAS SUPERVISOR, DIST. #3	
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 device tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit	
Separate Forms C-104 must be filed for each pool in multi-completed wells.	