

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator

Tesoro Petroleum Corporation

Address

633 17th Street, 2000 First of Denver Plaza, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☒

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Railroad	Well No. 41	Pool Name, Including Formation South Hospah Lower Sand	Kind of Lease State, Federal or (Fee)	Lease No.
Location Unit Letter <u>D</u> : <u>1000</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77025, Oil Accounting					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 A	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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-12-80	Date Compl. Ready to Prod. 3-19-80		Total Depth 1650'		P.B.T.D. 1620'			
Elevations (DF, RKB, RT, GR, etc.) 6933' GR 6943' KB	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1591'		Tubing Depth 1580'			
Perforations 1591' - 1611' w/2JSPF (40 holes)					Depth Casing Shoe 1640'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		53'		35sx CL.B + 4% CaCl ₂			
7 7/8	5 1/2		1640'		120sx CL.B +10% Salt			
--	2 3/8		1580'		--			

VI. 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)

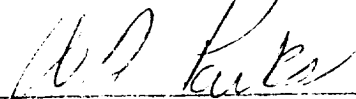
Date First New Oil Run To Tanks 3-19-80	Date of Test 3-22-80	Producing Method (Flow, pump, gas lift, etc.) Beam Pump 2" x 1 5/8" bore pump	
Length of Test 24	Tubing Pressure 10	Casing Pressure --	Choke Size --
Actual Prod. During Test 131.8 B.T.F.	Oil-Bbls. 23.8	Water-Bbls. 108	Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.



(Signature)

District Production Superintendent

(Title)

4-18-80

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRAI APPROVATE 1980

BY

SUPERVISOR DISTRICT OIL CON. COM.

TITLE

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 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.