

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATOR	2
PRODUCTION OFFICE	

Tesoro Petroleum Corporation

Address
633 17th Street, 2000 First of Denver Plaza, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 88	Pool Name, Including Formation Hospah-Upper Sand	Kind of Lease State, Federal or (Fee)	Lease No.
Location Unit Letter <u>0</u> : <u>1260</u> Feet From The <u>South</u> Line and <u>2020</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>18N</u> Range <u>9W</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	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 Sec. Twp. Rge. Is gas actually connected? When
	E 1 17N 9W

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. Res'v.
X			X					
Date Spudded 2-5-80	Date Compl. Ready to Prod. 3-11-80	Total Depth 1720' KB	P.B.T.D. 1695' KB					
Elevations (DF, RKB, RT, GR, etc.) 7031'GR 704' KB	Name of Producing Formation Upper Hospah	Top Oil/Gas Pay 1660'	Tubing Depth 1652'					
Perforations 1665' - 1680' w/2JSPF (30 holes)			Depth Casing Shoe 1719'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	53'	35sx C1.B + 4% CaCl2					
7 7/8	5 1/2	1719'	120sx C1.B + 10% salt					
--	2 3/8	1652'	--					

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 3-11-80	Date of Test 3-12-80	Producing Method (Flow, pump, gas lift, etc.) Beam Pump 2" x 1 1/2" Bore Pump	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure --	Choke Size --
Actual Prod. During Test 34.5 B.T.F.	Oil-Bbls. 33	Water-Bbls. 1.5	Gas-MCF 0

GAS WELL

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

W. A. Parks

(Signature)

District Production Superintendent

(Title)

4-18-80

(Date)

OIL CONSERVATION DIVISION

APR 30 1980

APPROVED

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3 OIL CON. COM. DIST. 3

TITLE

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 recompleted wells.