

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K.

30-031-20599

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <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 <del>Federal</del>	Well No. 35	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 052931
Location Unit Letter <u>L</u> ; <u>750</u> Feet From The <u>West</u> Line and <u>1340</u> Feet From The <u>South</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	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 K	Sec. 6	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 <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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 2-20-80	Date Compl. Ready to Prod. 3-22-80		Total Depth 1648'		P.B.T.D. 1634'			
Elevations (DF, RKB, RT, GR, etc.) 6905"GR 6915"KB	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1555'		Tubing Depth 1540'			
Perforations 1555' - 1575' w/2JPF (40 holes)					Depth Casing Shoe 1644'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		94'		80sx Cl.B + 4% CaCl <sub>2</sub>			
7 7/8	5 1/2		1644'		120sx Cl. B + 10% salt			
--	2 3/8		1540'					

## 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)

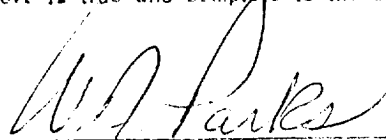
Date First New Oil Run To Tanks 3-20-80	Date of Test 3-24-80	Producing Method (Flow, pump, gas lift, etc.) Beam Pump 2 1/2" x 2 1/4" bore pump	
Length of Test 24 hours	Tubing Pressure 10	Casing Pressure --	Choke Size --
Actual Prod. During Test 33.6 B.T.F.	Oil-Bbls. 33.3	Water-Bbls. .3	Gas-MCF 0

## 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

## I. 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 Production Superintendent

(Title)

4-18-80

(Date)

## OIL CONSERVATION DIVISION

APPROVED

APR 30 1980  
APR 21 1980  
BY Original Signed by FRANK J. CHAVEZ  
OIL CON. COM.  
SUPERVISOR DISTRICT #3 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 completed wells.