

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

BK.

Operator Tesoro Petroleum Corporation	
Address 633 17th Street, Suite 2000, 1st 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"/>
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. 95	Pool Name, Including Formation Hospah-Upper Sand	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>B</u> ; <u>2550</u> Feet From The <u>east</u> Line and <u>350</u> Feet From The <u>north</u>				
Line of Section <u>1</u> Township <u>17N</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"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline	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 F	Sec. 1
	Twp. 17N	Rge. 9W
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 Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7/9/80	Date Compl. Ready to Prod. 8/7/80		Total Depth 1650'		P.B.T.D. 1605'			
Elevations (L.F., RKB, RT, GR, etc.) 6957' GR	Name of Producing Formation Upper Hospah		Top Oil/Gas Pay 1552'		Tubing Depth 1540'			
Perforations 1558'-1578' 2JSPF					Depth Casing Shoe 1647'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	42'	35 SX
7 7/8	5 1/2	1647'	125 SX
-	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 8/7/80	Date of Test 8/12/80	Producing Method (Flow, pump, gas lift, etc.) Beam Pump	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure -	Choke Size -
Actual Prod. During Test 159.5 BTF	Oil-Bbls. 3.2	Water-Bbls. 156.3	Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kerry J. Kallman  
(Signature)  
District Engineer  
(Title)  
8/19/80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 9 1980, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 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.