

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator Tesoro Petroleum Corporation	
Address 633 17th St., Suite 2000, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 Hospah Sand Unit	Well No. 95	Pool Name, Including Formation Hospah Upper Sand	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter B : 2550 Feet From The East Line and 350 Feet From The North				
Line of Section 1 Township 17N Range 9W, NMPM, McKinley Cou				

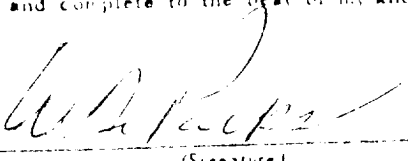
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Ciniza Pipeline		Box 1887, Bloomfield, NM 87413		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		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 B	Sec. 1	Twp. 17N	Range 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		Cil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. R
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (D/E, R.T., GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
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 of hole 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <u>MAY 24 1982</u> , 19	
 (Signature) District Operations Manager		BY <u>Original signed by CHARLES J. OLSON</u>	
5/18/82 (Date)		TITLE <u>SENIOR OIL & GAS INSPECTOR, DIST #3</u>	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper 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 wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. Separate forms C-104 must be filed for each pool in multi-completed wells.	