NO. OF COPIES ALC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Operator Teso:	ro Pe	trol	leur
Address			
633 17th Str	eet, S	Suit	ce :
Reason(s) for filing	(Check p	roper	box,
New Well	X		
D			
Recompletion			

NEW MEXICO OIL ONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersed a Old C-104 and C-2; in Effective 1-1-65

	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL G	AS OK.								
	TRANSPORTER OIL												
	GAS				P								
_	OPERATOR DESIGN	_											
I.	PRORATION OFFICE 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 We!1		Other (Please ex	plain)									
	Recompletion	Change in Transporter of: Oil Dry Go											
	Change in Ownership	Casinghead Gas Conder											
	76 - 1 - 2												
	If change of ownership give name and address of previous owner												
7 #	DESCRIPTION OF WELL AND												
ч.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Ki	nd of Lease		Lease No.							
	Hospah Sand Unit												
	Location				, , ,								
	Unit Letter 0 ; 1850	Feet From The east Lin	le and 700	Feet From T	_{he} south								
	26	TON											
	Line of Section 36 Tov	wnship 18N Range	9W , NMPM,	<u>McKinel</u>	У	County							
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S										
	Name of Authorized Transporter of Oil	(X) or Condensate	Aidress (Give address to u	hich approv	ed copy of this form is to be	sent)							
	Shell Pipeline		Box 2648, Housto	n, Texa	s, Oil Accountin	q l							
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to u	hich approv	ed copy, of this form is to be	sent)							
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When									
	If well produces oil or liquids, give location of tanks.	Unit Sec. Two. Page.	is gas deteatly connected?	i when	.,								
	If this production is commingled wi	th that from any other lease or pool,	give commingling order nu	mbar									
	COMPLETION DATA												
	Designate Type of Completic	on - (X) Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v.	Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.								
	7/13/80	8/8/80	1655'		``								
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	- 12 - 1	1636' Tubing Depth								
	6957' GR 6962' KB	Upper Hospah	1601'		1590'								
	Perforations				Depth Casing Shoe								
	1604' - 1619' w/ 2 JSP	1654'											
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMEN								
	12 1/4	8 5/8	42		35 sx	<u> </u>							
	7 7/8	5 1/2	1654		125 sx								
	<u>-</u>	2 3/8	1590										
		<u> </u>	1			لـــــــــــــــــــــــــــــــــــــ							
	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume : pth or be for full 24 hours)	of load oil a	nd must be equal to or excel	ed top allow-							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	ımp, gas lift									
1	8/8/80	8/13/80 Beam Pump			OF THE	1							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Spz								
į	24 hrs. Actual Prod. During Test	100 Oil-Bbls.	Water-Bbls.		Gas MCF	\							
	85.1 BTF	38.3	46.8										
1	00,1 011	1 30.3	40.8	1		 							
	GAS WELL	,		,		<i>!</i> 							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Ocavity of Condensate								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	,	C) to City								
İ	testing Method (picot, buck pit)	Tubing Piessure (Shut-In)	Cdaing Pressure (Snuc-12	,	Choke Size								
- 1 - 1	CERTIFICATE OF COMPLIANCE		OII COI	USERVA	TION COMMISSION								
٠,	CERTIFICATE OF COMPETANCE		11	c 10									
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED SEP 9 1980										
Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed	Original Signed by FRANK T. CHAVEZ										
District Engineer August 19, 1980			CUPERVICOS	DICTOICT 3									
			TITLE SUPERVISOR	DISTRICT #	r. V								
			H		ompliance with RULE 11								
			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.										
								(Da	ite)				
							ļ			Separate Forms C-104 must be filed for each pool in multiply completed wells.			