

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-110  
Effective 1-1-65

Operator Tesoro Petroleum Corporation	
Address 2000 1st of Denver Plaza, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE

Lease Name Hanson Federal	Well No. 38	Pool Name, including Formation <del>South Hospah</del> <u>Dakota</u>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-052931
Location Unit Letter <u>0</u> : <u>340'</u> Feet From The <u>South</u> Line and <u>1655'</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> County				

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) P.O.Box 2648, Oil Acctg., Houston, TX 77025					
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:

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'y. <input type="checkbox"/>	Diff. Rest'y. <input type="checkbox"/>
Date Spudded 8/4/81	Date Compl. Ready to Prod. 10/15/81	Total Depth 2705' MD & TVD			P.B.T.D. 2698' MD & TVD			
Elevation (DE, RAB, RT, GR, etc.) 6889' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 2672-2690'			Tubing Depth 2654'			
Perforations 2672-2686' (14')					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	113'	75 sks. class "B"
7 7/8"	5 1/2"	2702'	250 sks. class "B"
	2 3/8" tbq.	2654'	

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 10/16/81	Date of Test 10/20/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 53	Casing Pressure 300	Choke Size None
Actual Prod. During Test 111	Oil-Bble. 30	Water-Bble. 80	Gas-MCF 105 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

[Signature]  
(Signature)  
District Operations Manager  
(Title)  
11/6/81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

NOV 9 - 1981

BY

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.