

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 22 1983
OIL CON. DIV.
DIST. 3

Operator Tesoro Petroleum Corporation	
Address 8700 Tesoro Drive, San Antonio, Texas 78286	
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 Santa Fe Railroad	Well No. 48	Pool Name, Including Formation S. Hospah, Lower Hospah	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter E	2410	Feet From The North	Line and 410	Feet From The West	
Line of Section 7	Township 17N	Range 8W	NMPM, McKinley		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"/> Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, N.M. 87413					
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 D	Sec. 7	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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-27-82	Date Compl. Ready to Prod. 2-12-83		Total Depth 1665'		P.B.T.D. 1655'			
Elevations (DF, RKB, RT, GR, etc.) 6986'	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1628		Tubing Depth 1640'			
Perforations 1630 - 1646'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 20#/ft	39	30 class "B"
7 7/8"	5 1/2" 14#/ft	1664	100 Class "B"
	2 7/8"	1640	

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)

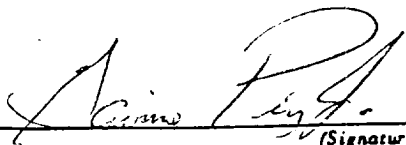
Date First New Oil Run To Tanks 2-12-83	Date of Test 2-14-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 40	Casing Pressure	Choke Size
Actual Prod. During Test 73	Oil-Bbls. 29	Water-Bbls. 44	Gas-MCF

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

VI. 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.


(Signature)

Area Production Manager
(Title)

2/18/83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____
Original _____

TITLE _____ SUPERVISOR DISTRICT _____

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 multiple completed wells.