

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.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
Successors Old C-104 and C-110
Effective 1-1-65

3023/R

RECEIVED

AUG 17 1984

OIL CON. DIV.
DIST. 3

I.

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"/>	
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson	Well No. 44	Pool Name, Including Formation South Hospah, Lower Hospah	Kind of Lease State, Federal or Fee Federal	Lease No. NM-052931
Location Unit Letter N : 330 Feet From The South Line and 1980 Feet From The West				
Line of Section 6 Township 17N Range 8W, NMPM, 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 NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No gas production	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? No gas	
	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 7-6-84	Date Compl. Ready to Prod. 7-8-84		Total Depth 1610'		P.B.T.D. 1584			
Elevations (DF, RKB, RT, GR, etc.) 6888' GL	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1548'		Tubing Depth 1522			
Perforations Lower Hospah 1550-1568'					Depth Casing Shoe 1608			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		82'		70CuFt(60sacks)			
6 3/4"	4 1/2"		1608'		118CuFt(100sacks)			
	2 3/8"		1522'					

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 7-18-84	Date of Test 7-19-84	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 0	Choke Size ---
Actual Prod. During Test 141	Oil - Bbls. 7	Water - Bbls. 134	Gas - MCF -----

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.

Gavino Perez Jr.
(Signature)
Area Production Manager
(Title)
8-14-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 17 1984, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.