

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
REG. CL.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator Tesoro Petroleum Corporation

Address 633 17th St., Suite 2000, Denver, CO 80202

Reason(s) for filing (check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hospah Sand Unit</u>	Well No. <u>23</u>	Pool Name, Including Formation <u>Hospah Upper Sand</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease _____
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Location
Unit Letter B Feet From The _____ Line and _____ Feet From The _____

Line of Section 1 Township 17N Range 9W NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Ciniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1887, Bloomfield, NM 87413</u>
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Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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Is well produces oil or liquids, give location of tanks	Unit <u>B</u>	Sec. <u>1</u>	Twp. <u>17N</u>	Range <u>9W</u>	Is gas actually connected?	When
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviation (D) <u>N, RT, CR, etc.</u>	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

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

Use First New Oil Run To Tanks	Date of Test	Producing Method (Pilot, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Fluid Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF

AS WELL

Fluid Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

W. J. Parker

(Signature)

District Operations Manager

(Title)

6/16/82

(Date)

OIL CONSERVATION DIVISION

APPROVED 1982, 19 _____

BY W. J. Parker, District Operations Manager

TITLE TEST #3

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 deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit.

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