

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tesoro Petroleum Corporation

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Producing Formation	Kind of Lease	Lease
Hospah Sand Unit	56	Hospah Upper Sand	State, Federal or Fee	Fee
Location				
Unit Letter	G	1520 Feet From The	North	Line and 2450 Feet From The East
Line of Section	1	Township	17N	Range 9W, NMPM, McKinley

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipeline	Box 1887, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Range	Is gas actually connected?	When
	B	1	17N	9W		

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	Gas Well	New Well	Workover	Deepen	Plug back	Some Res't.	Other
	☒	☐	☐	☐	☐	☐	☐	☐
Date Spudded	Date Compl. ready to Prod.		Total Depth		F.B.T.D.			
Elevations (L.F., K.F., GR., etc.)	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

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 10% of this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

W. A. Parker
(Signature)

District Operations Manager

5/18/82
(Date)

OIL CONSERVATION DIVISION
MAY 24 1982

APPROVED _____, 19____
Original Signed by CHARLES GHOLSON
BY _____
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.