

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.)
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
MAIL ROOM
DEC 21 AM 9:43

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
TESORO PETROLOUM CORPORATION

3. ADDRESS OF OPERATOR
8700 TESORO DR. V.E. SAN ANTONIO TX 78217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2060' FWL + 630' FSL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6884' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 052931

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HANSON

9. WELL NO.
16

10. FIELD AND POOL, OR WILDCAT
HOSPAN - DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S6 T17N R8W

12. COUNTY OR PARISH
McKINLEY

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) **LONG TERM SHUT-IN**

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

**REQUEST PERMISSION FOR LONG TERM SHUT-IN STATUS
DUE TO BEING UNABLE TO PRODUCE IN PAYING QUANTITIES
UNDER EXISTING MARKET CONDITIONS.**

RECEIVED
DEC 30 1987

OIL CON. DIV.
TWO APPROVAL EXPIRES 12/23/88

18. I hereby certify that the foregoing is true and correct

SIGNED *James E. Edwards* TITLE **AREA PRODUCTION MANAGER** DATE **12/18/87**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **DEC 23 1987**

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side