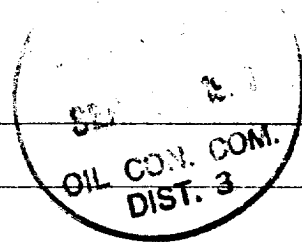


NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65



Operator Tesoro Petroleum Corporation	
Address 1776 Lincoln St. Suite 1012, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request change in Lease Designation from Hanson to Hanson 'A'.
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Hanson 'A'	Well No. 26	Pool Name, Including Formation Upper Hospah So., ext.	Kind of Lease State, Federal or Fee Federal	USNM No. 052931
Location Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>450'</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> 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"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1588, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tesoro's Hospah Gas Gathering System	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 P	Sec. 6
	Twp. 17N	Rge. 8W
	Is gas actually connected? yes	When upon completion

If this production is commingled with that from any other lease or pool, give commingling order number: pending approval

IV. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded 8/12/74	Date Compl. Ready to Prod. 9/6/74	Total Depth 1654'		P.B.T.D. 1640'					
Elevations (DF, RKB, RT, CR, etc.) 6918'GL; 6932' KB	Name of Producing Formation Upper Hospah	Top Oil/Gas Pay 1620'		Tubing Depth 1605'					
Perforations 1620-1626 & 1632-1635 w/2JSPF - 18 holes				Depth Casing Shoe 1653'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 24#/ft.		104'		100 sx. Cl. 'A'			
7 7/8"		5 1/2" 14#/ft.		1653'		100 sx. Cl. A w/50-50Pozm			

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 8/21/74	Date of Test 9/7/74	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 60 BO	Oil-Bbls. 60 BO	Water-Bbls. 0	Gas-MCF TSTM

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.

J. C. D. [Signature]  
District Engineer  
(Title)  
9/9/74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 12 1974

Original Signed by Emory C. Arnold

BY SUPERVISOR DIST. #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