

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 16 1983
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 <u>Hospah Sand Unit</u>	Well No. <u>104</u>	Pool Name, Including Formation <u>Hospah Upper Sand</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> ; <u>2040</u> Feet From The <u>East</u> Line and <u>1280</u> Feet From The <u>North</u> Line of Section <u>1</u> Township <u>17N</u> Range <u>9W</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"/> <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>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>B</u> Sec. <u>1</u> Twp. <u>17N</u> Rge. <u>9W</u>
Is gas actually connected?	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 <u>12-16-82</u>	Date Compl. Ready to Prod. <u>1-29-83</u>		Total Depth <u>1588'</u>		P.B.T.D. <u>1574'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6924' GL</u>	Name of Producing Formation <u>Upper Hospah</u>		Top Oil/Gas Pay <u>1520'</u>		Tubing Depth <u>1540'</u>			
Perforations <u>1522' - 1548' 2 spf</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>39'</u>	<u>30 sks C1 "B" - to surface</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>1587'</u>	<u>100 sks C1 "B" - cal cm</u>
	<u>2 3/8</u>	<u>1540</u>	<u>top 800'</u>

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 <u>2-2-83</u>	Date of Test <u>2-2-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>21.2 B.F.</u>	Oil-Bbls. <u>10.6</u>	Water-Bbls. <u>10.6</u>	Gas-MCF <u>0</u>

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David P. Fry
(Signature)
Area Production Manager
2-11-83
(Date)

OIL CONSERVATION DIVISION
4-14-83
APPROVED APR 14 1983
Original Signed by FRANK T. CHAVEZ
BY _____
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 deviated 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 multiple completed wells.