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TRANSPORTER	OIL
	GAS
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 8700 Tesoro Drive, San Antonio, Texas 78286	
Reason(s) for filing (Check proper box.)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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	Well No. 42	Pool Name, including Formation South Hospah, Lower Hospah	Kind of Lease State, Federal or Fee Federal	Lease No. NM-052931
Location Unit Letter L ; 1770 Feet From The South Line and 1280 Feet From The West Line of Section 6 Township 17N Range 8W , NMPM, McKinley 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"/> Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No gas production	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 K	Sec. 6	Twp. 17N	Rge. 8W	Is gas actually connected? No gas production	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 10-5-83	Date Compl. Ready to Prod. 11-3-83		Total Depth 1575		P.B.T.D. 1548			
Elevations (DF, RKB, RT, GR, etc.,) 6886' GL	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1528		Tubing Depth 1485			
Perforations 1530-1546					Depth Casing Shoe 1629'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8" csg.		DEPTH SET 82'		75 SACKS CEMENT			
7 7/8"	5 1/2" csg.		1574'		60 sk Class "B"			
	2 7/8		1585		150 sk 50-50 pozmix			

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 11-1-83	Date of Test 11-4-83	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hr.	Tubing Pressure 40	Casing Pressure 0	Choke Size --
Actual Prod. During Test 354	Oil-Bbls. 60	Water-Bbls. 294	Gas-MCF 0

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.

Gavino Perez, Jr.

(Signature)

Area Production Manager

(Title)

11-30-83

(Date)

OIL CONSERVATION COMMISSION	
12-19-83	
APPROVED DEC 19 1983	
BY Original Signed by FRANK T. CHAVEZ	
TITLE SUPERVISOR DISTRICT # 8	

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 completed wells.