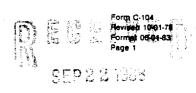
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	1	1	
SANTA PE	1		
FILE	1		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		_
OPERATOR			
PROBATION OF			

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



REQUEST FOR ALLOWABLE AND

I.	AUTHURIZ	ATION TO TRANS	PORT OIL	. AND NATU	IRAL GAS				
American Exploration	on Company								
Address	S		77002						
2100 RepublicBank (uston, Texas	77002				}		
Reason(s) for filing (Check proper box)		Other (Please	e explain)						
Recompletion	OII	ransporter of:	ry Gas		,				
X Change in Ownership	7	—	ondensate				ļ		
If change of ownership give name and address of previous owner	Tesoro Pe	troleum Corpo	ration,	8700 Te	esoro Drive, S	San Antonio	o, Texas 78286		
II. DESCRIPTION OF WELL AND	LEASE	Hospah D	atata	4					
Lease Name	Well No. P	ool Name, including F	ormation		Kind of Lease	Fee	Legse No.		
Santa Fe Railroad	29	So. Lower Ho	ospah Sa	and	State, Federal or Fee	, ree			
Location		27 17	-			Do ot			
Unit Letter B : 990	Feet From	The North Lin	e and	1680	Feet From The	East			
Line of Section 7 Town	nship 17N	Range	8W	, NMPM	. McKinley		County		
III DESIGNATION OF TRANSPO	OPER OF OR								
Name of Authorized Transporter of Oil		L AND NATUKAI iensate		Give address	to which approved copy	of this form is to	o be sent)		
Ciniza Pipeline				P. O. Box 1887, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Cast	nghead Gas 🗔	or Dry Gas	Address (Give address i	to which approved copy	of this form is to	o be sent)		
		····							
If well produces oil or liquids, give location of tanks.	Unit , Sec.	Twp. Age.	ls gas act	uaily connect	ed? ; When				
If this production is commingled with	that from any	other lease or pool,	give comm	ingling order	r number:				
NOTE: Complete Parts IV and V	on reverse side	e if necessary.							
•		, ,		טוי כי	ONSERVATION (
VI. CERTIFICATE OF COMPLIANCE						אוטופועוכ			
I hereby certify that the rules and regulation been complied with and that the information			APPRO	VED_S	EP 09 1988		19		
my knowledge and belief.	. B	omplete to the best of	BY				··		
_			T.T. =	المندط). Chang		•		
			TITLE	SUPERVI	SION DISTRICT	# 3	•		
- Koy Juneo	3 4				be filed in complia- ment for allowable for				
(Signatu	Roy Q	uiroga	well, th	is form must	be accompanied by	a tabulation of	the deviation		
Production Administration			1		veil in accordance this form must be fit		•		
9/19/88	,		All sections of this form must be filled out completely for silowable on new and recompleted wells.						
(Date)	,		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.						
				erete Forms	C-104 must be file				
		•							

Designate Type of Comple	etion - (X)	Neil Weil	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Ditf.	Res'y.
Data Spudded		landy to E	Pood	1	<u> </u>		<u> </u>	<u>.</u>	<u>.</u>	
•	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation		Top OII/Gas Pay			Tubing Depth				
Perforations	Depth Casing Shoe									
				Depth Casing Singe						
		UBING,	CASING, AN	D CEMENTI	G RECORI	0				
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SE	T	SA	CKS CEMEN	ΙŦ	
										
				 				 		
										
V. TEST DATA AND REQUES OIL WELL	T FOR ALLOW	ABLE (Test must be a able for this de	fter recovery o	f total volum ull 24 hours	e of load oil	and must be eq	ual to or exce	ed top	ailow
Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, stc.)						
Length of Test	Tubing Pressu	7.0		Casing Pressure			Chake Size			
Actual Prod. During Test	Oil-Bhis.			Water - Bbis.			Gas - MCF			
				<u> </u>			1	· — · · — · · ·		
GAS WELL										
Actual Band Band 1400 C										
Actual Prod. Teet-MCF/D	Length of Test			Bhis. Conde	negte/MMCF		Gravity of C	ondenacte		

IV. COMPLETION DATA