

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

I.

Operator Tesoro Petroleum Corporation	
Address 633 17th Street, Suite 2000, Denver, CO 80202	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Hanson	Well No. 27	Pool Name, including Formation Hospah <sup>Upper</sup> <del>Lower</del> South	Kind of Lease State, Federal or Fee Fed	Lease No. NM052931
Location				
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East				
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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tesoro's Hospah Gas Gathering & Sales 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 L	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: PC498

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-19-75	Date Compl. Ready to Prod. 7-10-75		Total Depth 1645'		P.B.T.D. 1560'			
Elevations (DF, RKB, RT, GR, etc.) GR 6881; KB6894	Name of Producing Formation Upper Hospah		Top Oil/Gas Pay 11 1530'		Tubing Depth 1644'			
Perforations 1519-32 and 1535-50 w/2JSPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		103'		100 SX			
7 7/8"	5 1/2"		1644'		100 SX			
	2 3/8"		1544'					

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 7-10-75	Date of Test 7-11-75	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours	Tubing Pressure	Casing Pressure
Actual Prod. During Test 56 BTF	Oil-Bbls. 18	Water-Bbls. 38

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)

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.

7 C Mungfort  
(Signature)  
District Production Superintendent  
(Title)  
July 11, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 14 1975  
Original Signed by Emory C. Arnold  
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 completed wells.