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1.	U.S.G.S.	ľ						
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	Operator							
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	Tesoro P	etrol	leum	_Co				
	Address							
	Tesono P Address 633 17th Reason(s) for filing							
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11.	Address 633 17th Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of prev	Stre (Check)	enar	Wu box)				
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(Date)

DISTRIBUTION		NEW MEXIC	O OIL CONSERVATION CO	MMISSION Form Co	104 6	
SANTA FE			QUEST FOR ALLOWABL		les Old C-104 and C-1	
FILE	1/1-	1	AND		e 1-1-65	
U.S.G.S.	-1/	AUTHORIZATION	TO TRANSPORT OIL AN	D MATURAL CAC		
LAND OFFICE		AUTHORIZATION	TO TRANSPORT OIL AN	D NATURAL GAS		
<u> </u>	- 	4				
TRANSPORTER OH	-+/					
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OPERATOR	2					
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Operator						
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Address	nieum CC	T pura ciun				
622 1745 64			00000			
Reason(s) for filing (Chec	reet, wu	<u>ite 2000, Denver,</u>				
(77)	. K proper box			ase explain)		
New Well		Change in Transporter of	•			
Recompletion		Oi1	Dry Gas			
Change in Ownership		Casinghead Gas	Conden s ate			
					·-··	
If change of ownership						
and address of previous	owner					
. DESCRIPTION OF W	ELL AND					
Lease Name		Well No. Pool Name, Inc	WIDDEY	Kind of Lease	Lease No.	
Hanson		27 Hospa	h Wer South	State, Federal or Fee Fed	NM052931	
Location						
	6.6		+h 1000			
Unit Letter U	;66	O Feet From The SO	outh Line and 1980	Feet From The Fast		
	_	, 774	011		_	
Line of Section	6 Tow	wnship 17N Ro	ange <mark>8W</mark> , NM	McKinley	County	
		TER OF OIL AND NATU				
Name of Authorized Trans	sporter of Oil	y or Condensate	Address (Give addre	ss to which approved copy of this fo	rm is to be sent)	
Shell Pipeline	Carpara	ution	D O BOY 15	88. Farmington, NM 8	R7401	
Name of Authorized Trans	sporter of Cas	singhead Gas or Dry Gas	s Address (Give addre	ss to which approved copy of this fo	rm is to be sent)	
	•			, ,	ŕ	
lesoro's Hospa	<u>h Gas Ga</u>	thering & Sales Sy		1.00		
If well produces oil or liq	juids,	Unit Sec. Twp.	Rge. Is gas actually conn	ected? When		
give location of tanks.		L 6 17N	8W yes	upon Complet	tion	
If this production is som	national ad wit	th that from any other lease	or pool, give commingling or	•		
. COMPLETION DATA		in that from any other lease	or poor, give comminging or	7C490		
. COMPLETION DATA	·	Oil Well Ga	is Well New Well Workov	er Deepen Plug Back Sar	ne Res'v. Diff. Res'v	
Designate Type of	Completio	on = (X)	1		1	
9 71		X	X			
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4-19-75		7-10-75	1645'	1560	l	
Elevations (DF, RKB, RT	GR. etc.	7-10-75 Name of Producing Formation	1645' Top Oil/Gas Pay	Tubing Depth		
GR 6881; KB6894		Upper Hospah	n 1530'	1644'		
Perforations		t opper nospan	1 11 1330	Depth Casing Sh	108	
	05 50 4	10.100				
1519-32 and 15	35-50 W/	ZJSPF				
		TUBING, CASI	NG, AND CEMENTING REC			
HOLE SIZE	Ξ	CASING & TUBING S		SET SACK	SCEMENT	
12½"		8 8 5/8"	103'	100 sx		
7 7/8"		5 1/2"	1644'	100 sx		
1119	-	2 3/8"	1544'	1-154		
		2 3/0	1344			
. TEST DATA AND RE	QUEST FO	OR ALLOWABLE (Test)	must be after recovery of total v	olume of load oil and must be equal	to or exceed top allo	
OIL WELL		able f	or this depth or be for full 24 ho	ours)		
Date First New Oil Run T	'o Tanks	Date of Test	Producing Method (F	low, pump, gas lift, etc.)		
7-10-7	5	7_11_75	Pumpi	na		
Length of Test		7-11-75 Tubing Pressure	Casing Pressure	9,003		
				$I \cup UJ$		
Actual Prod. During Test	<u>rs</u>	Cil-Bbls.	Water - Bbls.	MOR MCB		
İ				CX 17 75	1	
56_BTF		18	38	TSIN ISIN		
				Of the Con	·]	
GAS WELL				14 2	1	
Actual Prod. Test-MCF/	D	Length of Test	Bbls. Condensate/M	MCF Wraving Cond	ete	
				\ \ \3\ \Q^{\infty} \	7	
Testing Method (pitot, ba	ck pr. l	Tubing Pressure (Shut-in)	Casing Pressure (S)	nut-in) Shoke Size		
resump Method (pitot, po	U. Priy		Carried Langua Car			
		1				
CERTIFICATE OF C	ERTIFICATE OF COMPLIANCE		011	_ CONSERVATION COMMI		
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.				. 4	UL 1,4 1975	
			APPROVED	<u> </u>	19 101 3	
			n given			
			belief. ByOriginal S	igned by Emery C. Arno	16	
					DIST. #3	
			TITLE			
1 1 11 1	The Marinet			to be filed in compliance with	BULF 1104.	
7 / VI1				to be filed in compliance with		
16/10	wit.	20 T	11	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		
. ,	man	at 1	If this is a s	request for allowable for a newly	tion of the deviatio	
	/ (Signa	ture)	wall this form w	wat he accompanied by a tabula	tion of the deviatio	
District Produ	(Signa Iction St	Iperintendent	well, this form m tests taken on the	nust be accompanied by a tabula ne well in accordance with RUL of this form must be filled out of	tion of the deviation. E 111.	
District Produ	(Signa uction St	uperintendent	well, this form measurement tests taken on the All sections able on new and	nust be accompanied by a tabula ne well in accordance with RUL of this form must be filled out of recompleted wells.	tion of the deviation E 111.	
District Produ	<u>ic∜ion Sι</u>	uperintendent	well, this form measurement tests taken on the All sections able on new and	nust be accompanied by a tabula ne well in accordance with RUL of this form must be filled out of	tion of the deviation E 111.	

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.