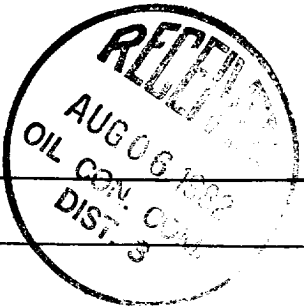


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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Tesoro Petroleum Corporation	
Address 633 17th St. Ste. 2000 Denver, CO 80202	
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"/>

change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 97	Pool Name, Including Formation Hospah, Upper Sand	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> ; 1975 Feet From The <u>N</u> Line and 2600 Feet From The <u>E</u> Line of Section <u>1</u> Township <u>17N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> County				

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"/>	Address (Give address to which approved copy of this form is to be sent)
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? <input type="checkbox"/> When _____

this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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 6/28/82	Date Compl. Ready to Prod. 7/28/82	Total Depth 1578'	P.B.T.D. 1568'					
Elevations (DF, RKB, RT, GR, etc.) 6921' GL	Name of Producing Formation Upper Hospah	Top Oil/Gas Pay 1548'	Tubing Depth 1538'					
Perforations 1548-1538' (10') 1532-1512' (20') 2 JSPF.			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	41.95'	30 sks. class B w/3% CaCl
7 7/8"	5 1/2"	1577'	100 sks. class B
	2 3/8" tbg.	1538'	

TEST DATA AND REQUEST FOR ALLOWABLE (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 7/28/82	Date of Test 7/28/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 68.27	Oil - Bbls. 4.10	Water - Bbls. 64.17	Gas - MCF --

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)

Dist. Operations Mgr.

8/4/82  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 06 1982, 19\_\_\_\_  
Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_

TITLE SUPERVISOR DISTRICT # 3

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