1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR PROBATION OFFICE Operator Tesoro Petroleum Corpor Address 8520 Crownhill Boulevar Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	REQUEST F AUTHORIZATION TO TRAI	Other (Please explain) Conversion of wat producing oil wel	er supply well to
,	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Imitized Lease No.
	Hospah Sand Unit Location Unit Letter 0 ; 540	53 Hospah Upper S	Sand State, Federal o	State 662
	Line of Section 36 Tow	nship 18N Range	ЭW , ммрм, МсК	inley County
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this Shell Pipe Line Company Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this condensate International Company Address (Give address to which approved copy of this condensate International Company International Company Address (Give address to which approved copy of this condensate International Company International			d copy of this form is to be sent)
	If well produces oil or liquids, qive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When the location of tanks. K 1 17N 9W If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	X
	Elevations (DF, RKB, RT, GR, etc.) 7006 GR	2-23-71 Name of Producing Formation Upper Hospah	3105' Top Oil/Gas Pay 1595' (Lane Wells)	1643' GR Tubing Depth 1606' GR
	Perforations			Depth Casing Shoe 3105
	Old Perfs: 1595' - 1640' Re-perforated: 1598' - 1620' 3105' TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13-3/8"	10-3/4"	131'	30 sacks
	8-3/4"	7" 2-3/8"	3105' 1606'	290 sacks
	The state of the s	D AVIOUADIE (Test Tues he e	for recovery of total volume of load ail as	nd must be equal to or exceed top allow-
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 able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks 2-24-71	Date of Test 3-6-71	Producing Method (Flow, pump, gas lift,	eic.)
	Length of Test	Tubing Pressure	Pump Casing Pressure	Choke Size
	24 hours	90#	100#	
	Actual Prod. During Test 70 bbls total fluid	Oil-Bbls. 35.5	Water-Bbis.	Gas-MCF Nil
		3,10	1122	
	GAS WELL N/A	I and man	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAR 2 2 1971	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED 19/1	
	R. H. Denman (Signature) Manager of Production Engineering (Title) March 17, 1971		APPROVED 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 transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	