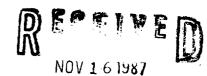
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PROBATION OFFICE		Т

OIL CONSERVATION DIVISION P.O. BOX 2008 SANTA FE, NEW MEXICO 67501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



, and the second	OIL CON DIVI	
Querator Querator	Dist, 3	
Tenneco Oil Company	ormit O,	
Address	**	
P.O. Box 3249, Englewood, CO 80155		
Reason(s) for filling (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Change condensate transporter from Gary	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
tf change of ownership give name and address of previous owner	+ CF 070210	
II. DESCRIPTION OF WELL AND LEASE	* SF-079318	
Lease Name Well No. Pool Name, including Format	State, Federal or Fee	
Reams A 1 Basin Dakota	Federal *	
R 790 Nort	th 1850 Feet From The East	
Unit Letter B 790 Feet From The NOT T	CN Line and 1830 Feet From The Last	
24 Tourselin 26N	Range 6W , NMPM. Rio Arriba county	
Line of Section 24 Township 26N	range On	
WARREN OF TRANSPORTER OF OIL AND NATURAL GAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate A	Address (Give address to which approved copy of this form is to be sent)	
I D O Poy AGO Hobbe NM 88240		
CONOCO Name of Authorized Transporter of Casinghead Gas : or Dry Gas :X		
Northwest Pipeline Corporation	P.O. Box 90, Farmington, NM 87401	
Unit Sec. 1 Mp. 1 Mgs.	is gas actually connected? When	
If well produces oil or liquids, B 24 26N 6W give location of tanks.	Yes	
If this production is commingled with that from any other lease or pool, give commingling order number		
NOTE: Complete Parts IV and V on reverse side if necessary.		
AND CONTRACTOR OF COMPUTANCE	II OIL CONSERVATION DINISION 1 6 198	
VI. CERTIFICATE OF COMPLIANCE	APPROVED	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.		
atti birti indi indi indini	B1	
\sim 1	TITLE SUPERVISOR DISTRICT # 5	
() (d/ <u>4/</u>		
() And	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 according	
(Signeture)	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Sr. Administrative Analyst All sections of this form must be filled out completely for allowable on new and re-		
•••••	Fill out only Section 1, II, III, and VI for changes of owner, well name and or number, or transported	
11/12/87	pr other such change of condition. Separate Forms C-194 must be filed for each pool in multiply completed wells.	
(ac.c)	Market and a state	