

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 23 1987

OIL CON. DIV.
DIST. 3

I.

Operator
Tenneco Oil Company

Address
P.O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of condensate transporter from Gary Energy to Conoco effective 12/1/87

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

* Jicarilla Cont. 109

Lease Name Jicarilla B	Well No. 6	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. *
Location				
Unit Letter K	: 1650	Feet From The South	Line and 1650	Feet From The West
Line of Section 22	Township 26N	Range 5W	, NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

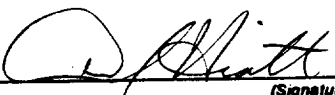
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P.O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
Unit: K Sec: 22 Twp: 26N Rge: 5W	Yes

If this production is commingled with that from any other lease or pool, give commingling order number _____

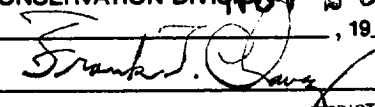
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Sr. Administrative Analyst
(Title)
11/19/87
(Date)

OIL CONSERVATION DIVISION NOV 23 1987

APPROVED _____, 19____
BY 
SUPERVISOR DISTRICT # 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 Section I, II, III, and VI for changes of owner, well name and/or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.