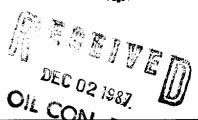
STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECE	VED		
DISTRIBUTION			
SANTA PE			_
FILE		ГΊ	_
U.S.G.S.			_
LAND OFFICE		П	_
	OIL	П	
Transporter	GAS		
OPERATOR			_
PRORATION OFFICE			Τ

OIL CONSERVATION DIVISION P.O. BOX 2068 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE



OPERATOR PROPERTIES OFFICE	AUTHOR	ZATION TO TRAN	AND ISPORT OI	L AND NATU	RAL GAS C	ON CON DEC US 1883			
Operator Tenneco Oil Company	/					DIST. 3 DI	V./		
Address									
P.O. Box 3249, Eng	lewood, CO 8	0155							
Resson(s) for filling (Check proper box)				Other (Please explain) Change of condensate transporter from					
New Well Change in Transporter of:				Gary Energy to Conoco effective 12/1/87					
Recompletion UII Upry Gas				daily Ellergy to dollate effective 12/1/07					
Change in Ownership	Casinghead Gas	Condensate		<u> </u>					
if change of ownership give name and address of previous owner				······································			· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL AN	ID LEASE					* Jicarilla C			
Jicarilla C	Well No.	Pool Name, Including For Basin Dakot			Kind of Lease State, Federal or F	Indian	Lause No.		
Location Unit LetterN:	835	Feet From TheSC	outh	Line and	2140	Feet From TheWest			
Line of Section 14	Township	2614	Range	5W	, NMF	m. Rio Arriba	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Conoco			Address (Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casingt	,,								
Northwest Pipeline	Corporation	Twp. Rge.	ls gas ac	BOX 90, lually connected?	Farmington	n, NM 87401			
If well produces oil or liquids, give location of tanks.	li 1		Yes						
If this production is commingled with that from	om any other lease or pool, (give commingling order nur	nber						
NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLI I hereby certify that the rules and regulation	ANCE		lied APPR	OVED	OIL CONSERV	ATION DIVISION) 1987 19		
with and that the information given is true	and complete to the best	of my knowledge and be	BY .		5m	LT Java	<u> </u>		
ald.	tt		TITLE	orm is to be filed in	n compliance with Ri	SUPERVISOR DISTR	ICT 📆 🖁		
(Signature) Sr. Administrative Analyst			panied	If this is a request for allowable for a newly drilled or deepened well, this form must be acc panied 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 wi					
11/20/87	(Title)		Fill o		III, and VI for change	s of owner, well name and or			
	(Date)		Sepa	rate Forms C-104 m	nust be filed for each	pool in multiply completed v	vells.		