

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Tenneco Oil Company E & P WRMD

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

Reason(s) for filing (Check proper box)

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

RECEIVED  
MAY 20 1985  
OIL CON. DIV.  
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla B	Well No. 2E	Pool Name, including Formation Basin Dakota	Kind of Lease Indian	Lease No. Contract #109
Location Unit Letter <u>J</u> : <u>1640</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/> Conoco Inc. <i>Surface Trans.</i>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 16 26N 5W
Is gas actually connected?	When 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.

*Scott McKeen*  
(Signature)

Sr. Regulatory Analyst

*5/15/85*  
(Date)

OIL CONSERVATION DIVISION

APPROVED *Franklin* MAY 20 1985  
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 completed wells.

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AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Tenneco Oil Company E & P WRMD	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

RECEIVED  
MAY 20 1985  
OIL CONSERV. DIV.  
DRL

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla B	Well No. 2E	Pool Name, including Formation Undesignated Chacra	Kind of Lease Indian	Lease No. Contract #109
Location Unit Letter <u>J</u> : <u>1640</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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, Inc. <i>Surface Trans.</i>	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)
Gas Company of New Mexico	P. O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>16</u> Twp. <u>26N</u> Rge. <u>5W</u>	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.

*Scott McKinnis*  
(Signature)

Sr. Regulatory Analyst

(Title)  
*5/15/85*  
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Dancy* MAY 20 1985 19  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT # 3

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