

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 12 1988
OIL CON. DIV.
DIST. 3

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Tenneco Oil Company

Address P. O. Box 3249, Englewood, Colorado 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)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hanson</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	SF Lease No. <u>080373</u>
Location				
Unit Letter <u>L</u>	: <u>1450</u>	Feet From The <u>S</u>	Line and <u>800</u>	Feet From The <u>W</u>
Line of Section <u>6</u>	Township <u>25N</u>	Range <u>10W</u>	NMPM, <u>San Juan</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"/> <u>CONOCO</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1899, Bloomfield, New Mexico 87413</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.

Michael D. Gannon
(Signature)

Senior Administrative Analyst
(Title)

4/11/88
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 12 1988

BY [Signature]

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 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.