STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		十	_
TRANSPORTER	OIL	_	_
	GAS	_	_
OPERATOR		_	_
PRORATION OFFICE		\dashv	

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

PRORATION OFFICE ALITHODIZATION TO TRAN	AND	
I.	NSPORT OIL AND NATURAL GAS	
Operator		
Tenneco Oil Company - The Address	- 102 1985	
P.O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box)	Other (Please explain) OIL CON. DIV	
New Well Change in Transporter of:	Other (Please explain)	
Recompletion Oil Dry Gas	DIS1. 3	
Change in Ownership Casinghead Gas Condensate		
If change of ownership give name and address of previous owner F1 Paso Natural Gas Compa	any, P.O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Fo	Lease No.	
SJ 28-7 Unit 125 Basin Dakot	State, Federal or Fee USA	
Location	St 079298-6	
Unit Letter Feet From The So	Line and 1190 Feet From The Wort	
Line of Section 1.2 Township		
Line of Section 12 Township 27N	Range "W , NMPM, Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas Cor Dry Gas C	P.O. Box 460 Hobbs BM 99340	
X	Address IGive address to which approved copy of this form is to be sent)	
F] Paso Natural Gas Company Sec. Twp. Rge.	Is gas actually connected? Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	is gas actually connected?	
	Yes	
If this production is commingled with that from any other lease or pool, give commingling order numbers	xer	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI CERTIFICATE OF COMPLIANCE		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complie with and that the information given is true and complete to the best of my knowledge and belie	APPROVED	
) : >	BY away	
South MICH	TITLE SUPERVISOR DISTRICT # 3	
Short Mikung	TITLE MISTRICE 78 3	
(Signature)	This form is to be filed in compliance with RULE 1104.	
Gr. Regulatory Analyst	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.	
OCT 1 1985°	All sections of this form must be filled out completely for allowable on new and recompleted walls.	
001 1303	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter	
(Date)	or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	
	** Completed wells.	