STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	EIVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE	:	

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

PEOLIEST FOR ALLOWARIE

GAS		NEGOE		H ALLOV	r.DLE			
OPERATOR				ND				
PRORATION OFFICE	AUTHORI	ZATION TO 1	RANSI	PORT OIL	AND NATUR	RAL GAS	11 4 W 0 50	H
l.							ELAFI	. 11
Operator						1D) F		2
Tenneco Oil Company - 🛤						Iñl	CON. DIV.	
Address	WIN .					yu ac	102 1303	
		_				00	' OIV.	.
P.O. Box 3249, Englewood	1, CO 8015	5		· · · · · · · · · · · · · · · · · · ·	Other (Please ex	o/pin)	ON. VIV	<u> </u>
Reason(s) for filing (Check proper box)					Other (Fredse ex)	OIL '	0157 3	
New Well Change in	Transporter of:						Diarra	
Recompletion Uil		Dry Gas	į					
Change in Ownership Lasin	nghead Gas	Conden	sate					
If change of ownership give name	Dago Matur	al Cae Ce	·m×>>>	, p 0	Pay 4000), Farmingto	m 5000 07400	
and address of previous owner	POSO WOLLUT	at Gas Co	TIMPOTT?	L. E.V.	DOX 4330	Y Lanintinaro	ri, NPI 87499	
	E40E							
II. DESCRIPTION OF WELL AND L	Well No.	Pool Name, Inclu	ding Form	ation		Kind of Lease		Lease No.
		-	311.g + 5111.c	20011		State, Federal or Fee	USA	25055 775
SJ 28-7 Unit	107	Blanco-M	<u>1V, </u>				SF	078972
Location								
Unit Letter K : 17	750	_ Feet From The	Sout	-h	Line and	1650 F	eet From The West	
Omit Letter				···				
Line of Section 11	Township	27N		Range	71.1	, NMPM,	Rio Arriba	County
Line of Section 11	TOWNSHIP			Harige	7W	, 141411 141,	KTO HLLIDGE	County
W DESIGNATION OF TRANSPOR	TED OF OU AL	ID NATUDAL	0.40					
III. DESIGNATION OF TRANSPOR	TER OF OIL AN	ID NATURAL	GAS	Address (G	w address to which	h approved copy of this f	orm is to be sent)	
Name of Authorized Transporter of Oil or Co	X			Address (or	VE AUDIESS TO WINC	n approved copy or mis r	om is to be sem,	
Conoco Inc. Surface Tran	nsportation				Box 460			
Name of Authorized Transporter of Casinghead G	ias ⊡ or Dry Gas ☐ X			Address (Gi	ve address to which	h approved copy of this I	orm is to be sent)	
El Paso Natural Gas Comp	าลทบ			Pn	Box 4990	Farmington	NM 87490	
The state of the s	Unit Sec.	Twp.	Rge.	Is gas actua	ally connected?	VVhen	,	
If well produces oil or liquids, give location of tanks.	1, 1,	0.781	-71 h		W = =	į		
	<u> </u>	<u>i 27N</u> i	7W		Y os			
If this production is commingled with that from any	y other lease or pool, giv	ve commingling ord	ier number	'				
NOTE: Complete Parts IV and V o	n reverse side i:	f necessary.						
1101 L. Complete 7 and 10 and 10	,, ,0,0,00 0,00							
VI CEPTIFICATE OF COMPLIANCE	`_			11	_	IL CONSERVATI	ON DRAWANTS	
VI. CERTIFICATE OF COMPLIANC						IL COMPENIA!	Y'Z'TI'YOO'	
I hereby certify that the rules and regulations of				APPRO	/ED >	- 4 m	}	_ , 19
with and that the information given is true and	complete to the best o	ir my knowledge a	na bellet.	DV.		Trank	Sauce	
/)				BY _			\sim \sim	
1 222	1-			TITLE	SUL	ERVISOR DISTRICT		
MITT ME	/			''''			4	
	my			This for	m is to be filed in	compliance with RULE 1	1104.	
(Sign	nature) /						d or deepened well, this f	
Sr. Regulatory Analyst				H			n the well in accordance v	
(Title)			H	All sections of this form must be filled out completely for allowable on new and recompleted walls.				
OCT 1 1985			Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter					
	ate)			[1]	ich change of con		: W-1	-
1.5	-			Separat	9 FORMS C-104 Mu:	st be filed for each pool	in multiply completed we	us.