## 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

Address Address of Filing (Check proper box)    O.   Dox 3249   Englewood   Co   80155     Reacon(s) for filing (Check proper box)     New Well	AOTHORIZATION TO TRANSI	63 Ch 100 F to 8 124 2 20	
O. Sox 3249   Englewood CO 80155   OCT 02 1985	Operator		
O. Sox 3249   Englewood CO 80155   OCT 02 1985	Tenneco Oil Company -		
O. Box 3299 Englewood CO 80155    Reaconstitor filling (Check proper box)   Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Ownership   Change of	Address	OCT 02 1985	
New Well	P.O. Box 3249, Englewood, CO 80155		
Recompletion   Oil   Dry Gas   Dry Gas   Change in Ownership   Casinghead Gas   Condensate   Condensate   Change in Ownership of mame in address of private by when the production is committing of the first of the past of the production is committing of the first of the past of the production is committing of the first of the production is committing of the first of the past of the production is committing of the first of the past of the production is committing of the first of the past of the production is committing of the first of the past of the production is committing of the first of the past of the pas		OIL COM. DIV.	
change in Ownership		DIST. 3	
DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including Formation   State, Federal or Fee   USA   State, Federal or			
DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including Formation   State, Federal or Fee   USA   State, Federal or			
Loss	If change of ownership give name El Paso Natural Gas Companiand address of previous owner El Paso Natural El Cas Companiand El Paso Natural Gas Companiand El Paso Natural El Paso Nat	y, P.O. Box 4990, Farmington, NM 87499	
Loss	TO OBJECTION OF MICH. AND LEACE		
Unit Letter K : 1845   Feet From The South   Line and 1650   Feet From The West   Line of Section 12   Township 27N   Range 7W   NMPM Pio Aprila County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil □ or Condensate □ X   Address (Give address to which approved copy of this form is to be sent)  OCCUPY   Page    If well production is committingled 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   Interest 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.  SC. Regulatory Analyst (filts)  All sections of this form must be filled out completely for a llowable on new and recompletely walls.	II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Form		
Unit Letter K : 1845 Feet From The South Line and 1650 Feet From The Wost  Line of Section 12 Township 27N Range 7W NMPM, Rio Arriba County  II. 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)  PORTION 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)  PORTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Gas Or Condensate ()  PORTION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)  PORTION OF TRANSPORTER OF OIL AND NATURAL GAS  If well produces oil or liquids, give location of lanks.  If well produces oil or liquids, give location of lanks.  It will production is comminised 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  Inhereby 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.  APPROVED STRICT 193  TITLE  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 1112.  All sections of this form must be filed out completely for allowable on new and recompleted walls.	SJ 28-7 Unit 63 Blanco-MV	1	
Line of Section 12 Township 27N Range 7W 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)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address	Location		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Or Or Gas II.  Pasa Natural Gas Company  If well produces oil or liquids, give location of tanks.  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  It hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.  Signature)  (Signature)  (Signature)  (Signature)  (Title)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Gi	Unit Letter K :	th Line and 1650 Feet From The Wast	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate \( \)  Conco Inc Surface Transportation Name of Authorized Transporter of Casinghead Gas \( \)  Or of Gas \( \)  If well produces oil or liquids, give location of tanks.  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  It hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.  Signature)  (Signature)  (Signature)  (Title)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be s		Number of the Country	
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Name of Authorized Transporter of Oil Or Condensate Ox Name of Authorized Transporter of Casinghead Gas Or Dry Gas Ox Dry	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  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  It 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.  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 walts.	Name of Authorized Transporter of Oil  or Condensate	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  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  It 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.  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 walts.	Conoco Inc. Surface Transportation	P.O. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.  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.  BY  SUPERVISOR DISTRICT 19.  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 walls.	Name of Authorized Transporter of Casinghead Gas 🗅 or Dry Gas 🕽 X		
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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.  BY  SUPERVISOR DISTRICT 3  TITLE  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 walls	NOTE: Complete Parts IV and V on reverse side if necessary.		
APPROVED  APPROVED  Supervisor District  Sr. Regulatory Analyst  (Title)  APPROVED  APPROVED  Supervisor District  St. Regulatory Analyst  (Title)  APPROVED  Supervisor District  Supervisor District	VI CERTIFICATE OF COMPLIANCE	II OIL CONSERVATION DIVISION	
Sr. Regulatory Analyst  (Title)  BY  SUPERVISOR DISTRICT 104.  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 walls.			
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(Signature)  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 walls.	It mil		
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Sr. Regulatory Analyst  (Title)  All sections of this form must be filled out completely for allowable on new and recompleted walls.			
(1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (	(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,	Sr. Regulatory Analyst	If this is a request for allowable for a newly drilled or deepened well, this form must be accom- panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Date) Separate Forms C-104 must be filed for each pool in multiply completed wells.	Sr. Regulatory Analyst	If this is a request for allowable for a newly drilled or deepened well, this form must be accom- panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	