## 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

AUTHORIZATION TO TRANSPO	ON OIL AND NATIONAL GAO		
I. Operator			
Tenneco Oil Company -	- + 0.0 1985		
	OCT 02 1385		
P.O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	OIL Control		
Recompletion Oil Dry Gas	Dist. 3		
Change in Ownership Casinghead Gas Condensate			
· · · · · · · · · · · · · · · · · · ·	, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including Format	ion Kind of Lease Lease No.		
	State, Federal or Fee USA SF 078565		
SJ 28-7 Unit 67 So. Blanco-PC	31 1 0/ 0303		
Unit Letter() : 955 Feet From TheSout	Line and1709 Feet From The _East		
Line of Section 5 Township 27N	Range 7W NMPM, Rio Arriba County		
Name of Authorized Transporter of Oil or Condensate X  CONCO Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas of X  El Paso Naturial Gas Company If well produces oil or liquids, give location of tanks.  O 5 27N 7W  If this production is commingled with that from any other lease or pool, give commingling order number.	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)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)  P. Address (Give address to which approved copy of this form is to be sent)		
NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION		
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.	APPROVED		
Sist M=Kung	TITLE SIJE ERVISOR DISTRICT 197.3  This form is to be filed in compliance with RULE 1104.		
Sr. 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.  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 or other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		