## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		T
SANTA FE		
FILE		
U.S.G.S.		$\neg$
LAND OFFICE		$\neg \uparrow$
704116565555	OIL	
TRANSPORTER	GAS	$\neg$
OPERATOR	•	一
PRORATION OFFICE		$\neg$

## 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

PRORATION OFFICE ALITHODIZATION		IND				
AUTHORIZATION	N TO TRANSI	PORT OIL AND NATUR	RAL GAS	73 N N P 53 P	-	
Operator Operator			_{D) 녆 [5	E WE		
Tenneco Oil Company —					ř.	
Address			DCT OCT	02 1985		
P.O. Box 3249, Englewood, CO 80155			001	02 1000		
Reason(s) for filing (Check proper box)		Other (Please ex	plain)			
New Well Change in Transporter of:			Company of the Compan	rent de lemant vir i Anglio Santa di		
Recompletion Oil Dry Gas			<b>\$</b> \$			
Change in Ownership Casinghead Gas	Condensate					
If change of ownership give name						
and address of previous owner El Paso Natural Ga	<u>ıs Company</u>	y, P.O. Box 4990	), Earmingto	n, NM 87499		
II. DESCRIPTION OF WELL AND LEASE						
ease Name Well No. Pool Name, Including Formation		ation	Kind of Lease		Lease No.	
SJ 28-7 Unit 35 Blar	nco-MV	,	State, Federal or Fee	USA		
Location				SF	1 079321-	
Unit Letter : 1650 Feet Fro	m The <u>Sout</u>	thLine and	990 F			
		Lilleand		eet From The <u>Wast</u>		
Line of Section 1 Township 27N		Range 7M	, NMPM,	Rio Arriba	County	
				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT Name of Authorized Transporter of Oil Or Or Condensate	URAL GAS					
·		Address (Give address to which	approved copy of this fo	orm is to be sent)		
Conoco Inc. Surface Transportation p Name of Authorized Transporter of Casinghead Gas or Dry Gas Ad		P O Box 460 Address (Give address to which	Hobbs NM 8	8240		
^		Address (Give address to which	approved copy of this fo	orm is to be sent)		
El Paso Natural Gas Company	Rge.	p O Box 4990, is gas actually connected?	Farmington	NM 87499		
If well produces oil or liquids,	i ige.	is gas actually connected?	i venen			
give location of tanks.		Yes				
If this production is commingled with that from any other lease or pool, give comming	jling order number_					
NOTE: Complete Parts IV and V on reverse side if necess	sary.					
VI OFFICIATE OF COMPLIANCE						
VI. CERTIFICATE OF COMPLIANCE	8	LCONSERVATION	NEDIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division hav with and that the information given is true and complete to the best of my know	APPROVED		~	, 19		
<i>/</i> )		BY S	rank . (4			
		TITLE SUPERVISOR DISTRICT # 3				
State MCV		TITLE	EUAION DISTRICT	# 3 ()		
XNO TOVER MANY		This form is to be filed in c	ompliance with RULE 11	04.		
(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accom-				
Sr. Regulatory Analyst	panied 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.  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 condi	tion.	moi, well haine and of hur	noer, or transporter,	
(Date)	il.	Separate Forms C-104 must	be filed for each pool in	n multiply completed well	s.	