

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Tenneco Oil Company -		OCT 02 1985
Address P.O. Box 3249, Englewood, CO 80155		OIL CON. DIV.
Reason(s) for filing (Check proper box)		DIST. 3
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SJ 28-7 Unit	Well No. 85	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA	Lease No. 078835-A
Location				
Unit Letter A : 856 Feet From The North Line and 1090 Feet From The East				
Line of Section 6 Township 27N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc. Surface Transportation	P.O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 6	Twp. 27N	Rge. 7W	Is gas actually connected? Yes	When

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.

Scott McKinnis
(Signature)
Sr. Regulatory Analyst
OCT 1 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank* OCT 02 1985, 19
BY
TITLE SUPERVISOR DISTRICT # 3

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 wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.