## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

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| TDANGSODTED L                               | GAS                      |   |              | REQU                                    | JEST FO            | R ALLOWABLE  |                  |                           |                 |                      |
|---|--------------------------|---|--------------|---|--------------------|--|------------------|---------------------------|-----------------|----------------------|
| OPERATOR                                    |                          |   |              |   |                    | ND   | Á                | W Ba                      |                 |                      |
| PRORATION OFFICE                            |                          | AU1                                     | THORIZ       | ATION TO                                | TRANS              | PORT OIL AND NAT                                     | URAL G           | i s                       | <b>A</b>        |                      |
| Operator                                    |                          |   |              | <del></del>                             |                    |  | <del></del>      |                           | # 10 Es         |                      |
| ,   |                          |   |              |   |                    |  | _                | $o_{\mathcal{C}_{I_{C}}}$ | 11/2            | >                    |
| Tenneco Oil Co                              | ompany —                 | 770                                     |              |   |                    |  | O,               | <del>// 2 · 02</del> /0   | 0. 86           | 7                    |
|   | Email award              |   | 00155        | <u>.</u>                                |                    |  |                  | CON T                     | 05 LL           | /                    |
| P.O. Box 3249  Reason(s) for filling (Check |                          | ,                                       | 80155        |   |                    | Other (Please  | explain)         | DION V.                   | <u> </u>        |                      |
| New Well                                    |                          | ransporter o                            | nf.          |   |                    | ,  | • •              | ···/. 3                   |                 |                      |
| Recompletion                                | ☐ oii                    |   |              | Dry G                                   | ias                |  |                  |                           | 7               |                      |
| Change in Ownership                         |                          | ghead Gas                               |              |   | ensate             |  |                  |                           |                 |                      |
| <u></u>                                     |                          | •                                       |              | A                                       |                    |  |                  |                           | <del></del>     |                      |
| If change of ownership give                 | e name El                | Daen M                                  | latura       | ol Cae (                                | ้ากตรากเ           | , P.O. Box 49  | 00 Ean           | minatan BIN               | 1 07400         |                      |
| and address of previous o                   | wners                    | 1 030 1                                 | ia cui e     | AI GGS (                                | JOINDOLLS          | 7. F.O. BOX 49                                       | JU, rar          | mangton, w                | 1.8/499         |                      |
| II. DESCRIPTION O                           | F WELL AND L             | EASE                                    |              |   |                    |  |                  |                           |                 |                      |
| Lease Name                                  | 1 11222 7 11 10 2        |   | II No.       | Pool Name, Inc                          | luding Forma       | ition  | Kind of Le       |                           |                 | Lease No.            |
| SJ 28-7 Unit                                |                          |   | 183          | Basin [                                 | )akota             |  | State, Fed       | lerator Fee USA<br>SF     |                 | 079321-6             |
| Location                                    |                          |   | <u> </u>     | COC XIII C                              | <del>Juno cu</del> |  |                  |                           |                 | U/9321               |
| Unit LetterG                                | : 15                     | 50                                      |              | Feet From The                           | Nort               | h Line and   | 1750             | Feet From T               | he Fast         |                      |
| J. 11. 2010                                 |                          |   |              |   |                    |  |                  |                           |                 |                      |
| Line of Section                             | 1                        | Township                                | p            | 27N                                     |                    | Range 7M   |                  | , NMPM, Rio               | Arriba          | County               |
|   |                          |   |              |   |                    |  |                  |                           |                 |                      |
| III. DESIGNATION (                          | OF TRANSPORT             | TER OF C                                | DIL ANI      | D NATURA                                | L GAS              |  |                  | <del> </del>              |                 |                      |
| Name of Authorized Transp                   | orter of Oil  or Cor     | idensate X                              |              |   |                    | Address (Give address to w                           | rhich approved o | copy of this form is to b | e sent)         |                      |
| Conoco Inc. Su                              | urface Tran              | sporta                                  | tion         |   |                    | P.O. Box 460 Address (Give address to w              | , Hobbs          | , NM 88240                |                 |                      |
| Name of Authorized Transp                   | corter or Casinghead Ga  | ıs⊔ or⊔ny                               | Y Gas X      |   |                    | Address (Give address to w                           | mich approved (  | copy of this form is to b | e sent)         |                      |
| <u> Il Paso Natura</u>                      | al Gas Comp              | any                                     | 16           | 1                                       | ln                 | P.O. Box 499   | O, Farm          | ington, NM                | 87499           |                      |
| If well produces oll or liquid              | is,                      | i                                       | Sec.         | Twp.                                    | Rge.               | is gas actually connected?                           |                  | i when                    |                 |                      |
| give location of tanks.                     |                          | <u> </u>                                | <u>1</u>     | <u> </u>                                | <u>  7 </u>        | Yes  |                  | <u> </u>                  |                 |                      |
| If this production is comming               | gled with that from any  | other lease o                           | r pool, give | commingling of                          | order number       |  | <del> </del>     |                           |                 |                      |
| NOTE: Complete Pa                           | arts IV and V or         | 1 reverse                               | side if      | necessarv                               | ,                  |  |                  |                           |                 |                      |
| NOTE: Complete                              | arto rr and r or         | , | ordo m       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •                  |  |                  |                           |                 |                      |
| VI. CERTIFICATE C                           | F COMPLIANC              | E                                       |              |   |                    | li .   | OIL CON          | SERVATION DIV             | ISION           |                      |
| I hereby certify that the rule              | es and regulations of th | ne Oil Conse                            | rvation Div  | rision have bee                         | n compiled         | APPROVED   | ℋT               | 2 19 <b>84</b>            |                 | , 19                 |
| with and that the informati                 |                          |   |              |   |                    | <b> </b>   | · /              |                           |                 | ,                    |
| 1   |                          |   |              |   |                    | BY   | ang)             | · Vary                    |                 |                      |
|   | 11/                      |   |              |   |                    | TITLE SUPERV   | ISOR DISTRI      | CT 22 3 0                 |                 |                      |
| Sitt  | Makin                    | n                                       |              |   |                    |  |                  |                           |                 |                      |
| 80.00                                       | (Signa                   | L<br>sture)                             |              |   |                    | This form is to be filed                             | •                |                           |                 |                      |
| Sr. Regulatory                              |                          | •                                       |              |   |                    | If this is a request for a panied by a tabulation of |                  |                           |                 |                      |
|   |                          | <br>le)                                 |              |   | <del></del>        | All sections of this form                            |                  |                           |                 |                      |
| 00  | CT 1 1985                |   |              |   |                    | Fill out only Section I, II                          |                  | changes of owner, well    | name and or num | ber, or transporter, |
|   | (Da                      |   |              |   |                    | or other such change of o                            |                  |                           |                 |                      |
|   | ,,,                      |   |              |   |                    | Separate Forms C-104                                 | must be filed fo | or each pool in multiply  | completed wells | S.                   |