STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEI	VED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PROPATION OFFICE		Т

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

OPERATOR			Α	ND	_		
PRORATION OFFICE	AUTHORI	ZATION TO	O TRANSI	PORT OIL AND NATUR	RAIS		
l.					IU) E IE IE	11 11 m	
Operator					111	A REIW	
Tenneco Oil Company - V					OCT 02		
Address					90102	1985	
P.O. Box 3249, Englewood,	CO 8015	55			Ollean		
Reason(s) for filing (Check proper box)				Other (Please ex	olaim is CON.	DIV	
New Well Change in Tra	ansporter of:				DIST	ع ر ه ر	
Recompletion		Dry	Gas			,	
Change in Ownership Casingt	nead Gas	Con	densate				
-		-					_
If change of ownership give name and address of previous owner	Paso Natur	al Gas	Company	y, P.O. Box 4990) Farmington	NM 97400	
and address of previous current				,, , , , , , , , , , , , , , , , , , ,	^, 	- W + 0 / 4 3 3 -	
II. DESCRIPTION OF WELL AND LE	ASE						
Lease Name	Well No.	Pool Name, Ir	ncluding Form	ation	Kind of Lease	104	Lease No.
SJ 28-7 Unit	111	Basin	Dakota			JSA M	3521
Location		D03111	DUNOCU		!	VEI	7327
			_				
Unit Letter	<u>'O</u>	_ Feet From Th	eSou	th Line and	Feet	From The Wost	
Line of Section 20	Township	27N		Range 7W	, NMPM,	}io Arriba_	County
		ID 1147110	41 040				
III. DESIGNATION OF TRANSPORTS Name of Authorized Transporter of Oil or Cond		ID NATUR	AL GAS	Address (Give address to which	h annound conv of this form	ie to be cost)	
	Х			Address (Give address to write)	approved copy or uns form	is to be sent)	
Conoco Inc. Surface Trans Name of Authorized Transporter of Casinghead Gas	portation			P O Box 460 Address (Give address to which	Hobbs, NM 882	40	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas			Address (Give address to which	n approved copy of this form	is to be sent)	ĺ
l Paso Natural Gas Compa	nv			P.O. Box 4990	Farmington,	NM 97400	
	Únìt Sec.	Twp.	Rge.	is gas actually connected?	When	1811 07 433	
If well produces oil or liquids, give location of tanks.	20	27N	<u>i 7w</u>	Yes			
If this production is commingled with that from any of				· •			
the production is comming to the man and any or	, oaaaa a, paa, , g.	-	,				
NOTE: Complete Parts IV and V on	reverse side i	f necessar	у.				
VI. CERTIFICATE OF COMPLIANCE				9	UL CONSERVATION	DIVISION	
I hereby certify that the rules and regulations of the				APPROVED	TO JUST JUST	· ·	, 19
with and that the information given is true and con	nplete to the best o	of my knowledg	ge and belief.	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	rank J (L		
				BY		way	
11 11	<i>/</i> `			TITLE	LKVISOR DISTRICT	3 ()	
Litt Mikn	aaaa			'''			
self-c // / / / / /				This form is to be filed in a	compliance with RULE 1104		
(Signatu	ir ej			If this is a request for allo panied by a tabulation of the	wable for a newly drilled or		
Sr. Regulatory Analyst				11 '			
(Title)			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,				
OCT 1 1985			or other such change of cond		or, went name and or flut	noer, or transporter,	
(Date)			Separate Forms C-104 mus	st be filed for each pool in r	multiply completed well	s.