STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTIO | ON | |
| SANTA FE | ; | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | - | |
| PRORATION OFFICE | : | |

the groups

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

DECLIEST EC

| R ALLOWABLE | |
|-------------|-------|
| ND | Color |

| | OR ALLOWABLE | |
|--|--|--|
| OPERATOR | AND CONTRACTOR CONTRAC | |
| PRORATION OFFICE AUTHORIZATION TO TRANS | SPORT OIL AND NATURAL GAS | |
| 1. | OTT SIE MIS WHOTHE GAS | |
| Operator | $ \rho$ ϕ | |
| | | |
| Tenneco Oil Company - (Company - Company - Com | - Section of the sect | |
| Address | | |
| P.O. Box 3249, Englewood, CO 80155 | $m{\phi}_{ij}$, which is the second of $m{\phi}_{ij}$, which is the second of $m{\phi}_{ij}$ | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | |
| | Other is reduce explainly | |
| | | |
| Recompletion | | |
| Change in Ownership Casinghead Gas Condensate | | |
| | | |
| If change of ownership give name and address of previous owner <u>Fl Paso Natural Gas Compan</u> II. DESCRIPTION OF WELL AND LEASE | y, P.O. Box 4990, Farmington, NM 87499 | |
| Lease Name Well No. Pool Name, Including Form. | ortion Visit III | |
| Tool year, including to the | State, Federal or Fee USA | |
| SJ 28-7 Unit 210 Undesignated | Ob | |
| Location Critical Adjusted | Chacra SF 078640 | |
| Unit Letter E : Feet From The Nor: | th Line and 950 Feet From The West | |
| | | |
| Line of Section 21 Township 27N | Range 7W NMPM, Rio Arriba County | |
| | NIO III I DA | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | |
| Name of Authorized Transporter of Oil □ or Condensate □ | Address (Give address to which approved copy of this form is to be sent) | |
| X | The second secon | |
| Conoco Inc Surface Transportation Name of Authorized Transporter of Casinghead Gas of Dry Gas | P O Roy 460 Hobbs NM 00240 | |
| Wante of Authorized Transporter of Casinghead Gas C. or Dry Gas C. | Address (Gibe address to which approved dop) In this 18 7 4 0 be sent) | |
| El Paso Natural Gas Company | | |
| Unit Sec. Twp. Rge. | Is gas actually connected? Farming ton, NM 87499 | |
| If well produces oil or liquids, | | |
| give location of tanks. | Yes L | |
| 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 | 11 | |
| VI. CERTIFICATE OF COMPLIANCE | QIL CONSERVATION DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied | APPROVED | |
| with and that the information given is true and complete to the best of my knowledge and belief. | , 10 | |
| | BY SAME AND A SAME AND | |
| ^ | | |
| V 1/ 2015/ | TITLE SUPERVISOR DISTRICT # 3 | |
| Swoth Milynny | | |
| XVV I I KAME | This form is to be filed in compliance with RULE 1104. | |
| (Signature) | If this is a request for allowable for a newly drilled or deepened well, this form must be accom- | |
| Gr. Regulatory Analyst | panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| (Title) | | |
| 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, or other such change of condition. | |
| (Date) | Separate Forms C-104 must be filled for each pool in multiply completed wells | |
| | TO SERVICE OF THE SECTION THE TIME THE PARTY DOOD IN MUITING COMPLETED WATER | |