	<i>y</i>				
NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW	MEXICO OIL	CONSERVA	ATION COMMISSION	Form C-104
SANTA FE /		REQUEST	FOR ALI	_OWABLE	Supersedes Old C-104 and C-1
FILE /	<u></u>		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZAT	TION TO TR	ANSPORT	OIL AND NATURAL O	GAS
LAND OFFICE					2 /
TRANSPORTER OIL					Ω (ϵ
GAS /			18.11.7	AND CORPORATION PHR	CHASED ALL THE ASSETS
OPERATOR					INC. AND INLAND CRUDE.
PRORATION OFFICE Operator				THIS FURCEASE IF CILL	
	ATT. 4 1-107			AIT 井 670 WHICH HAS	
Address TENNECO OIL CO	MPANY	· · · · · · · · · · · · · · · · · · ·		ND CURPORATION.	
Dec. 3773.	Dunan an Ca	Jamaia	J. \		DE C. LaMAR, PRESIDENT
Reason(s) for filing (Check proper	box) Durango, Co	Totade		Other (Please explain) INL	AND CORPORATION
New Well	Change in Transpo	orter of:			
Hecompletion	Oil	X Dry G	as		
Change in Ownership	Casinghead Gas [Conde	ensate 🗶		
76 -1	_				
If change of ownership give nam and address of previous owner _					
I. DESCRIPTION OF WELL AN	ND LEASE	-11 Nr.	ara Tantindi	- Formattan	[[[]]] [] [] [] [] [] [] []
Lease Name	W.	ell No. Pool N	ame, includi	ng Formation Gallegos	Kind of Lease
Berger, W. O. USA		4	Bestn-D	ecta & Gallup	State, Federal or Fee
Location					
Unit Letter C ;	Feet From The	Li	ne and	Feet From '	The
				_	_
Line of Section 22 ,	Township 26N	Range	11W	, NMPM, St	n Juan County
I DECICNATION OF TRANSPO	ADTED OF OU AND N	NATUDAL C	AC		
Name of uthorized Transporter of	Oil 7 . or Condensat	te 😿	Address (Give address to which approx	ved copy of this form is to be sent)
1 ou / www m	M. Incorporated		Вох	1520 Jasmi	wed copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or D	Ory Gas 😿	Address (Give address to which appro	ded copy of this form is to be sent)
El Paso Natural Gas	s Company		Bex	990 Farmington	New Mexico
If well produces oil or liquids,		wp. Rge.		tually connected? Who	
	C 22				
give location of tanks.		26 11			
		26 11 lease or pool	give comm	ningling order number:	
give location of tanks. If this production is commingled COMPLETION DATA	with that from any other	lease or pool			
If this production is commingled COMPLETION DATA	with that from any other		, give comm	ningling order number:	Plug Back Same Res'v. Diff. Res'v
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If this production is commingled COMPLETION DATA	with that from any other	Gas Well		Workover Deepen	P.B.T.D.
If this production is commingled V. COMPLETION DATA Designate Type of Completion	etion — (X) Oil Well Date Compl. Ready to	Gas Well	New Well	Workover Deepen	P.B.T.D.
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

District Office Supervisor

(Date)

APPROVED MAY 26 1985 Original Signed By

A. R. KENDRICK

TITLE PETROLEUM ENGINEER DIST. NO. 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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

STOREGE ALBERT

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