STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE			_
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U.S.G.S.			_
LAND OFFICE			_
	OIL	T	_
TRANSPORTER	GAS		
OPERATOR		寸	_
SECRATION OFFICE	-	$\overline{}$	-

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

TRANSPORTER	GAS	+-	REQUEST FOR ALLOWABLE						
OPERATOR			AND es .						
PRORATION OFFICE			AU	THORIZ	ATION TO	O TRANS	SPORT OIL AND NATURAL GAS		
l. Operator									
· ·			_				Other (Please expand CON 5)		
Tenneco Oil (Compa	ny					BAX = 1111		
							06/02/985		
P.O. Box 3249 Reason(s) for filing (Chec), En	g Lewood	1,CO	8015	5		Other (Please expand COA)		
New Well			Transnorter	of:			SIN, DIV		
Recompletion	DIST •								
Change in Ownersh							,		
			g		_ X				
If change of ownership gi		r- 1	D (K1	-1 0	0	, n o n dono m d d		
and address of previous	owner	EI	Paso	Matura	al Gas	Compan	ny, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION O	OF WE	LL AND L	EASE						
Lease Name				eli No.	Pool Name, In	cluding Form			
SJ 28-7 Unit				93	Blanco	MV .	State, Federal or Fee USA SF 078640		
Location							31 10/8840		
Unit Letter	J	:_84	10		Feet From The	e_Sou	Line and 1550 Feet From The Wort		
,	,		,•				- 1330 Teerron in West		
Line of Section	9		Townsh	ıip	27N		Range 7W , NMPM, Rio Arriba County		
	-				~		/W N10 11/1 100		
III. DESIGNATION	OF TR	ANSPOR	TER OF	OIL ANI	D NATUR	AL GAS			
Name of Authorized Transporter of Oil ☐ or Condensate X Address (0)						Address (Give address to which approved copy of this form is to be sent)			
Conoco Inc Surface Transportation Name of Authorized Transporter of Casinghead Gas E or Dry Gas at						Address (Give address to which approved copy to Inis form is to be sent)			
Name of Authorized Transporter of Casinghead Gas : or Dry Gas						Address (Give address to which approved copy of this to be sent)			
El Paso Natural Gas Company						P.O. Box 4990, Farmington, NM 87499			
If well produces oil or liqu	uids,		i Orint	Sec.	Twp.	Rge.	is gas actually connected?		
give location of tanks.			<u> </u>	_وــــٰــ	1 27N	1 7W	Yes		
If this production is commir	ngled with	that from any	other lease	or pool, give	commingling	order number			
NOTE: Complete F	Parts I\	/ and V or	n reverse	side if	necessar	V.			
					,	,.			
VI. CERTIFICATE	OF CO	MPLIANC	E				OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied					vision have be				
with and that the information given is true and complete to the best of my knowledge and belief.				the best of	my knowledg				
0		;					BY		
						TITLE SUPERVISOR DISTRICT # 3			
Suft Mexamore									
(Signature)						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.			
Sr. Regulatory Analyst (Title)						All sections of this form must be filled out completely for allowable on new and recompleted walls.			
OCT 1 1985						Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,			
(Date)						or other such change of condition.			