STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

A THOMAS WELL		
Operator		
Tenneco Oil Company -	COT of then	
Address		
P.O. Box 3249, Englewood, CO 80155	Other (Please explain)	
Reason(s) for filing (Check proper box)		
New Well Change in Transporter of:	Dist. 3	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
	, P.O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Format	tion Kind of Lease Lease No.	
Lease Ivaline	State, Federal or Fee USA	
SJ 28-7 Unit 86 Blanco-MV,	SF 078835-4	
Unit Letter K: 1800 Feet From The Sout Line of Section 7 Township 27N	h Line and 1550 Feet From The West Range 7W , NMPM, Rio Arriba County	
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company If well produces oil or liquids, give location of tanks.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990 Farmington, NM 87499 Is gas actually connected?	
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	OIL CONSE WATTEND TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY Srank Javes	
	SUPERVISOR DISTRICT 業 3	
	TITLE	
frot M-king	This form is to be filled in compliance with PLII E 1104	
(Singaplie)	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 acco	
Sr. Regulatory Analyst	panied 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 wal	
(Title)	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 filed for each pool in multiply completed wells.	