STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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U.S.G.S.					
LAND OFFICE					
	OIL		ı		
TRANSPORTER	GAS		Г		
OPERATOR					

Sr. Regulatory Analyst

OCT

(Date)

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

M PAR.

TRANSPORTER	GAS			REQ			RALLOWABLE DECEIVED					
OPERATOR PRORATION OFFICE		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GOS										
PRORATION OFFICE		AU	THOR	IZATION TO	TRANS	PORT OF	L AND NATU	RAL G	1	7 13		
Operator									96102 PL CON.	000	و	
Operator									-0102	985		
Tenneco Oil	Company -	TATIO .						0	III CON			
Address									" COM.	DIV.		
P.O. Box 3249, Englewood, CO 80155									DIST. 3	}		
Reason(s) for filing (Chi		, , , , , , , , , , , , , , , , , , , 	<u> </u>	,,,			Other (Please e	xplain)				
New Well	Chanc	e in Transporter o	. 4.									
\vdash		·) i.		_							
Recompletion	片'	Dil		☐ Dry (ias							
Change in Owners	ihip 🔲	Casinghead Gas		火 □ Cond	densate							
If change of ownership g and address of previous	give name s owner	El Paso N	latur	al Gas	Compan	y. P.O	. Box 499	O, Farm	ington, NM	87499		
II. DESCRIPTION	OF WELL AN	D LEASE										
Lease Name		Well No. Pool Name, Including Forma				ation		Kind of Leas			Lease No.	
SJ 28-7 Unit		96 So. Blanco-PC			C	,	State, Feder	alor Fee USH SF		078569		
Location				00. 51	<u> </u>			<u> </u>	<u></u>		078303	
Unit Letter	G :	1700 Townshi	р	_ Feet From The	Nor	th Range	Line and	1800	Feet From Ti	ne <u>East</u> Arriba	County	
UL DECICALATION	LOE TRANCE	ODTED OF (311 A.	ID MATUR								
III. DESIGNATION			JIL AF	NU NATURA	AL GAS	Addroon (ina addresa to whi	oh oneround so	au of this fame in to b			
Name of Authorized Transporter of Oil □ or Condensate □						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Tran	Surface To	ransporta	tion			P.O.	Box 460,	Hobbs.	NM 88240			
Name of Authorized Tran	nsporter of Casinghe	ad Gas 🗀 or Dr	∕ Gas 冗 Χ			Address (0	Bive address to whi	ch approved čo	oy of this form is to b	e sent)		
l Paso Natu	ral Gas Co	าเมาอนก				D O	Boy 4000	Farmi	ngton, NM	27400		
1. 1 430 1144	THE COLD CO	Unit	Sec.	Twp.	Rge.	is gas act	ually connected?	, I all III I	When	0/499		
If well produces oil or liq	quids,	_		i	j			;				
give location of tanks.	 -	i.G	<u>i 8</u>	i 27N	<u>i 7W</u>		Yes	1				
If this production is comm	ningled with that from	n any other lease o	r pool, g	ive commingling	order numbe	r						
NOTE: Complete	Parts IV and	V on reverse	side i	f necessary	/.							
VI. CERTIFICATE	OF COMPLIA	NCE					ſ	SIP GONS	ERV IOIRI DIV	SION .	_	
I hereby certify that the r	rules and regulation	s of the Oil Conse	rvation [Division have be	en complied	APPRO	VED ST				. 19	
with and that the inform	_				•	11	 	500	TUIT		,	
						BY	ے	1 samp	· Vave	/ !		

This form is to be filed in compliance with RULE 1104.

TITLE

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 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.

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

SUPERVISOR DISTRICT # 3