## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	GAS	す			
OPERATOR		+			
PRORATION OFFICE		ナ			

## OIL CONSERVATION DIVISION P.O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

OPERATOR					AND				
PRORATION OFFICE		AUTHORI	ZATION T	TO TRAN	SPORT OF	L AND NATU	DAI CAO		
<u>l</u>					01 0111 01	L AND MAID	HAL GAS	En man	
Operator					·			L C P I V	7 R D
Tenneco Oil Compa	any -	<b>X</b>						-00-	5 (1)
P.O. Box 3249, E	את ביינים ביים	00 001=	_					061 02 1985	
Reason(s) for filing (Check prope	er box)	CO 8015	15	<del></del>		T 015 (0)	O!		
New Well	Change in Trans	sporter of:				Other (Please e	xplain)		V
Recompletion	Oil			Gas				051. g	₹ 4
Change in Ownership	Casinghea	nd Gas		ndensate				•	
			<b>X</b> C0	nuensate					
If change of ownership give name and address of previous owner _	El Pa	so Natur	al Gas	Compa	л <b>у, Р.О</b>	Box 499	O. Farminat	<del>on, NM 87499</del>	
II DESCRIPTION OF WE				-			<del>~/ ~ 01 111211</del> 91	<del>ori, iwi 8/499</del>	
II. DESCRIPTION OF WE Lease Name	LL AND LEAS	Well No.	Pool Name I	noludina Ca					
SJ 28-7 Unit	1			ncluding For			Kind of Lease State, Federal or Fee	USA	Lease No.
Location		38	So. B	lanco-F	C			SF	078835-4
							<del> </del>		
Unit LetterD	:1000_		Feet From Th	eNor	th	Line and	990	Feet From The West	
Line of Section 7								-WES F	
Line of Section /	T	ownship	27N		Range	7W	, NMPM,	Rio Arriba	County
III DESIGNATION OF TH	ANCOORED	05.01.45	~ <del>-</del>					HTO HITTHON	
III. DESIGNATION OF TR Name of Authorized Transporter of	Oil C or Condens	OF OIL ANI	DNATUR	AL GAS	TA	- <u></u>			
Compan Two Owe	_	X			Address (G/	re address to which	approved copy of this	form is to be sent)	
Conoco Inc. Surfa Name of Authorized Transporter of	Ce   ranspo Casinghead Gas	ortation or Dry Gas			P.O.	Box 460,	Hobbs NM S	9240	
El Dago National O		X			Address (GA	re address to which	approved copy of this	form is to be sent)	
l Paso Natural G	as Company	Sec.	Twp.	Rge.	P.O.	<del>80x 4990.</del>	Farmington	NM 97400	
If well produces oil or liquids, give location of tanks.	_			i i i i i i i i i i i i i i i i i i i	is yas actua	ily connected?	(When	, INIT 07 433	
	i-D	i7	i 27N	i 7W	<u> </u>	<del>/es</del>			
If this production is commingled with									
NOTE: Complete Parts IV	and V on rev	erse side if i	necessan	<i>/</i> .					
			•						
VI. CERTIFICATE OF COI	MPLIANCE				11	O	LCONSERVATION	ON MUSICAL	-
hereby certify that the rules and re	gulations of the Oil (	Conservation Divi	sion have be	en complied	APPROV	FD S	L CONSERVATI	985	
with and that the information given	is true and complet	te to the best of r	ny knowledge	and belief.			- 17	<del>4) /-</del>	, 19
$\cap$					BY _	<u> </u>	1) and .	- Javey	
V <del>sit</del>	-00/1/	•			T.T. 5		CHDEDWICOD DA	0	
Swi-	M- kmi	us			TITLE _		SUPERVISOR DISTR	ict # 3	
	(Signature)	<del>/</del>					empliance with RULE 1		
r. Regulatory Ana	1				If this is	request for allow	able for a newly drilled	or deepened well, this fo	rm must be accom-
· · wedniarola HU9	(Title)					tabulation of the t	ieviation tests taken or	the well in accordance w	ith RULF 111
	OCT 1	1985			Fill out on	ly Section I II II -	t be filled out complete	y for allowable on new and	recompleted walls.
	(Date)				or other suc	in change of condi-	ion.	vner, well name and or nur	
	·				Separate	Forms C-104 must	be filed for each pool i	n multiply completed well	s.