STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I			
Operator			
Tenneco Oil Company - Address	00000		
P.O. Box 3249, Englewood, CO 80155	007 02 : 35		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Colle la colle de la collega d		
Recompletion Oil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner <u>El Paso Natural Gas Company</u>	, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Forma	on Kind of Lease No State, Federal or Fee USA		
SJ 28-7 Unit 88 So. Blanco-PC	SF 078972		
Location			
Unit Letter A: 830 Feet From The North Line and 1109 Feet From The East			
Line of Section 10 Township 27N	Range 7W , NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) PO BOX 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas 🗀 or Dry Gas 🖂 🗙	Address (Give address to which approved copy of this form is to be sent)		
Paso Natural Gas Company P.O. Box 4990, Farmington, NM 87499 Isgas actually connected?			
Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. A 10 27N 7W	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 CONSERVATION DIVISION		
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 Transel June			
Latt mW	TITLE SUPERVISOR DISTRICT # 3 ()		
XM C. IIII / KMMy	This form is to be filed in compliance with RULE 1104.		
(Signature) Sr. Regulatory Analyst	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.		
(Title) All sections of this form must be filled out completely for allowable on ne			
OCT 1 1985	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.		