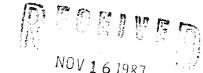
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	IVED	
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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

REQUEST FOR ALLOWABLE AND



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•						<i>[</i> *			
Operator Tenneco Oil Compa	ny					δ			
Address			0355						
P.O. Box 3249, En	glewood, (	0 8	0155		Other (Please exp	(lain)			
Reason(s) for filing (Check proper box)					Change of condensate transporter from				
New Well Change in Transporter of:  Dry Gas				Gary Energy to Conoco effective 12/1/87					
= Mecompletion	Casinghead Gas		<b>LA</b> )	ensate	duly zile				
Change in Ownership									
If change of ownership give name and address of previous owner									
						•	* SF-078641A		
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including Formati					tion	Kind of Lease   Lease No.   State, Federal or Fee   Foderal +			
Moore B	1		Basi	n Dakot	a	State, Federal St. Fee	Federal	*	
Location						450	Nort	-h	
Unit Letter :	1850		Feet From The	<u>East</u>	Line and	450 F	set From The	<u>,11</u>	
		2	:6N		Ranne 11W	. NMPM.	San Juan	County	
Line of Section 3	Township		.011		Range I I W	, , , , , , , , , , , , , , , , , , , ,			
IN DECICALATION OF TRANS	PORTER OF O	IL ANI	D NATUR	AL GAS					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate X					Address (Give address to which approved copy of this form is to be sent)				
Conoco				P.O. 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 :X				P.O. Box 4990, Farmington, NM 87401					
El Paso Natural (	as Compan	y ISec.	Twp.	Rge.	is gas actually connected?	When	,		
If well produces oil or liquids,	G	3	26N	11W	Yes				
give location of tanks.  If this production is commingled with that fr				order number					
NOTE: Complete Parts IV and	y on reverse	Side II	116063361	<b>y</b> .					
VI. CERTIFICATE OF COMPL	IANCE					DIL CONSERVATI	ANIPHYISIPHS 19	387	
thereby pertity that the rules and regulations of the Oil Conservation Division have been complied			APPROVED						
with and that the information given is tru	e and complete to ti	he best o	i my knowled	ge and belief.	BY	D.New	was. Sway		
( ) las	`				TITLE		RVISOR DISTRICT	<u></u>	
(1)   Xlast			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 accompliance.						
	(Signature)				panied by a tabulation of th	e deviation lests taken (	on the well in accordance t	with RULE 111.	
_Sr. Administrative Analyst				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 transporte					
11/12/87	• • • •				Fill out only Section I, II, I or other such change of co		owner, well name and or hi	emper, or transporte	
(Date)				Separate Forms C-104 must be filed for each pool in multiply completed wells.					