STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE			Г

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

1.				
Operator				
Tenneco Oil Company — Table	001.72			
Address	24.000			
P.O. Box 3249, Englewood, CO 80155	CN no			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	***************************************			
Recompletion Oil Dry Gas				
Change in Ownership Casinghead Gas Condensate				
If change of ownership give name and address of previous owner El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499 II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Formal	tion Kind of Lease No.			
SJ 28-7 Unit 147 Basin Dakota	State, Federal or Fee USA SF 078972			
Location 147 Busin Burden	SF 078972-A			
Unit Letter H: 1560 Feet From The Nort	h Line and 1060 Feet From The East			
Line of Section 9 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 X El Paso Natural Gas Company If well produces oil or liquids,	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?			
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.	hat the information given is true and complete to the best of my knowledge and belief. BY SUPERVISOR DISTRICT # 3 TITLE This form is to be filled in compliance with RULE 1104.			
(Signature) If this is a request for allowable for a newly drilled or deepened well, this form must be a				
panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
OCT 1 1985	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.			
(Date)	II One of the Common Outlier of the Charleton washing and the High committee of the			

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