STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED	
DISTRIBUTION	ON	
SANTA FE	_	
FILE		
U.S.Q.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFIC	E	_

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

LAND OFFICE			
TRANSPORTER OIL BEOLIEST FO	REQUEST FOR ALLOWABLE		
PERATOR			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Operator Tenneco Oil Company — Address P. O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box) Other (Please explain)			
1	OIT OIL AND NATORAL GAS		
Operator			
	$O(\sqrt{c})$		
Tenneco Oil Company -			
	S. 1985 1111		
P.O. Box 3249, Englewood, CO 80155	0,01		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	3 .		
Recompletion Uil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name F1 Paso Natural Cas Company	D.O. Boy 4000 F		
and address of previous owner <u>E1 Paso Natural Gas Company</u>	y, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Format	ation Kind of Lease Lease No.		
	State, Federal or Fee USA		
SJ 28-7 Unit 184 Basin Dakota	SF 078640		
Unit Letter K: 1525 Feet From The Sout	th Line and 1720 Feet From The West		
Line of Section 9 Township 27N	Range 7M , NMPM, Dio Apprile County		
	A TO THE TOO		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
me of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
oco Inc. Surface Transportation P.O. Box 460 Hobbs NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
^			
El Paso Natural Gas Company ¡Unit ISec. Twp. Rge.	Is gas actually connected? Farmington, NM 87499		
If well produces oil or liquids,			
give location of tanks. K 9 127N 17W	Yes		
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.			
1101 E complete rand iv and von reverse olde il ricoessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSEDWATE		
	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.	APPROVED 19, 19		
	BY was		
	1		
1 mm (//	TITLE SUPERVISOR DISTRICT # 3		
Wol / Folymus			
(Signature)	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 accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Sr. Regulatory Analyst (Title)	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,		
OCT 1 1985	or other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		