STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED	
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SANTA FE		
FILE	!	
U.S.G.S	1	
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	-	_
PROBATION OFFIC	-	 _

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 TRANSI	PORT OIL AND NATURAL RES
Operator	
Tenneco Oil Company - CD	
Address	
P.O. Box 3249, Englewood, CO 80155	Other (Please explain) CON DU
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Dio. Div
Recompletion Oil Dry Gas	3157, 3 -1V.
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name and address of previous owner El Paso Natural Gas Company II. DESCRIPTION OF WELL AND LEASE	y, P.O. Box 4990, Farmington, NM 87499
Lease Name Well No. Pool Name, Including Forma	
SJ 28-7 Unit NP 169 Undes CH,	State, Federal or Fee USA
Location	SF 078570
Unit Letter D : 1058 Feet From The Nort	th Line and 840 Feet From The West
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	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	P O Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P O Box 4990, Farmington, NM 87499
Unit Sec. Twp. Rge.	is gas actually connected?
give location of tanks. D 9 27N 7W	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.	
VI. CERTIFICATE OF COMPLIANCE	QU_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 UCT 19 19
1	BY Sin lave
Set Mikenny	TITLE SUPERVISOR DISTRICT # 3
(Signaturé)	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.
Gr. Regulatory Analyst	All sections of this form must be filled out completely for allowable on new and recompleted walls.
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)	Senarate Forms C-104 must be filled for each pool in multiply and the senarate