## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	
Operator	
Tenneco Oil Company - LIPMP	
Address	
P.O. Box 3249, Englewood, CO 80155	Other (Please explain)
Reason(s) for filing (Check proper box)	Other (Flease explain)
New Well Change in Transporter of:	• •
Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
•	, P.O. Box 4990, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	tion Kind of Lease Lease No.
Lease Name Well No. Pool Name, Including Format	State, Federal or Fee USA
SJ 28-7 Unit 244 Basin Dakota	SF 078835-A
Location	
Unit Letter M : 1090 Feet From The Sout	h Line and 990 Feet From The West
Line of Section 7 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  F1 Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  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.	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?
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	OIL CONSERVATION DIVISION APPROVED 19 19
with and that the information given is true and complete to the best of my knowledge and belief.	80.7 (0)
Sutt Mikung	TITLE SUPERVISOR DISTRICT 架 3  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.  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)	Separate Forms C-104 must be filed for each pool in multiply completed wells.