STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		\Box	

OIL CONSERVATION DIVISION

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Operator			
Tenneco Oil Company -			
P.O. Box 3249, Englewood, CO 80155	OCT 02 ,ଌୡ୕୲		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion Uil Dry Gas	Tage of Louis Control of the Control		
Change in Ownership Casinghead Gas Condensate	20 min 8		
<u> </u>			
If change of ownership give name and address of previous owner <u>El Paso Natural Gas Compar</u>	ny, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Form	nation Kind of Lease Lease No.		
SJ 28-7 Unit 52 Blanco-MV	State, Federal or Fee USA		
SJ 28-7 Unit 52 Blanco-MV,	SF 078496		
Unit Letter H : 1840 Feet From TheNor	th Line and 990 Feet From The East		
Line of Section 27 Township 28N	Range 7W NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil □ or Condensate □	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 Cord Dry Gas X	D O D 450 4111 and 550 11		
Name of Authorized Transporter of Casinghead Gas Cor Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
Tl Paso Natural Gas Company	p O Box 4990, Farmington, NM 87499		
If well produces oil or liquids,	I William		
give location of tanks.	Yes		
If this production is commingled with that from any other lease or pool, give commingling order number	er		
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	1 ADDOUGE - 0 0 100F		
with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED		
Λ	BY _ Sranks.		
	SUPERVISOR DISTRICT # 8		
I # MI	TITLE		
Shoth Minney	This form is to be filed in compliance with DMI 5 4464		
(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.			
(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			
(Date) or other such change of condition.			
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		