STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
l.	- BEARING	
Operator	U C G B I V F IN	
Tenneco Oil Company -		
Address		
P.O. Box 3249, Englewood, CO 80155	OCT 02 1985	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	OR COME OF	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
	-	
If change of ownership give name	ny, P.O. Box 4990, Farmington, NM 87499	
and address of previous owner <u>E1 Paso Natural Gas Compa</u>	IIV, P.O. BOX 4990, Farmington, NM 8/499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Fo		
SJ 28-7 Unit 50 Blanco-MV	State, Federal or Fee USA	
Location SO BIANCO-NV	SF 079290-A	
Unit Letter A: 990 Feet From The No.	rth Line and 990 Feet From The Fast	
Line of Section 23 Township 28N	Range 7W , NMPM, Rio Arriba County	
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 Unit Sec. Twp. Rge.	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?	
If well produces oil or liquids,	is gas actually connected? • • • • • • • • • • • • • • • • • • •	
give location of tanks. 1A 123 28N 7W	Yes	
If this production is commingled with that from any other lease or pool, give commingling order number 1.	ber	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERWATION DIVISION C	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED		
with and that the information given is true and complete to the best of my knowledge and belief.		
BYXav2/		
TITLE SUPERVISOR DISTRICT # 3		
With Medicine	11166	
NW MANY	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
Sr. Regulatory Analyst	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
OCT ^{**(te)} 1 1985	All sections of this form must be filled out completely for allowable on new and recompleted walls.	
or other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	