STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS	一.
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 6

I. Operator	SPORT OIL AND NATURAL GAS	
Jenneco Oil Company -	Of Carried	
P.O. Box 3249. Fng lewood CO 80155		
Reason(s) for filling (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate	Other (Please expla n)	
II. DESCRIPTION OF WELL AND LEASE	ny, P.O. Box 4990, Farmington, NM 87499	
Lease Name Well No. Pool Name, Including Form SJ 28-7 Unit 192 Basin Dakota Location	State, Federal or Fee USA	
Unit Letter D: 936 Feet From The Nor Line of Section 33 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 X Conoco Tnc Surface Transportation Name of Authorized Transporter of Casin head Gas or Dry Gas X I 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	Address (Give address to which ap roved copy of this form is to be sent) Address (Give address to which ap roved copy of this form is to be sent) Address (Give address to which ap roved copy of this form is to be sent) Is gas actually connected? Yes	
VI. CERTIFICATE OF COMPLIANCE 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. When the complete to the best of my knowledge and belief. (Signature) (Signature) (Title)	APPROVED SUPERVISOR DISTRICT # 3 TITLE This form is to be filed in comp iance 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. 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 // for changes of owner, well name and or number, or transporter, or other such change of condition	
(Date)	Separate Forms C-104 must be iled for each pool in multiply completed wells.	