

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

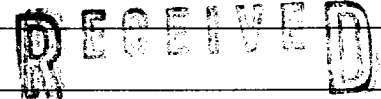
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator		<div style="text-align: center;">  OCT 02 1985 OIL CON. DIV., DIST. 3 </div>
enneco Oil Company -		
Address P.O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box,		Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name \$J 28-7 Unit	Well No. 8 A	Pool Name, including Formation Blanco-MV,	Kind of Lease State, Federal or Fee USA SF	Lease No. 078417
Location				
Unit Letter I : 1740 Feet From The South Line and 1120 Feet From The East				
Line of Section 18 Township 28N Range 7W NMPM. Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

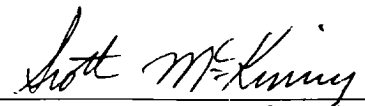
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Conoco Inc. Surface Transportation		P.O. Box 460 Hobbs NM 88240		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		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		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 18	Twp. 28N	Rge. 7W
				Is gas actually connected? Yes

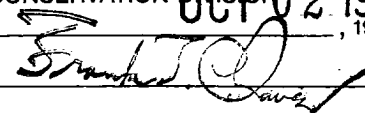
If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Sr. Regulatory Analyst
(Title)
OCT 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED 
BY
TITLE **SUPERVISOR DISTRICT # 3**

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.