## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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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

AUTHORIZATION TO TRANSP	ON OIL AND NATOURL GAO		
I. Operator			
Tenneco Oil Company -			
Address	007.00		
P.O. Box 3249, Englewood, CO 80155	Ou - 1985 (c)		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Die Child		
Recompletion Uil Dry Gas	-101. 3 · · ·		
Change in Ownership Casinghead Gas 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 Well No.   Pool Name, Including Format	tion Kind of Lease Lease No.		
	State, Federal or Fee USA		
SJ 28-7 Unit 74 A Blanco-MV,			
Unit Letter I : 1600 Feet From The Sout	h Line and 870 Feet From The East		
Line of Section 11 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	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 □ or Dry Gas □	P.O. Box 460, Hobbs, NM 88240  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		
Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	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	OIL CONSERVATION DIVISION 2 1985		
Hereby Certify that the lines and regulations of the On Conservation Division have been completed.			
with and that the information given is true and complete to the best of my knowledge and belief.	ef. By		
- Vanzy			
1 st mc//	TITLE SUPERVISOR DISTROT 2 3		
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.		
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted walls.		
ΩCT 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		

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