STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		Г
TRANSPORTER	OIL	Г
	GAS	_
OPERATOR		_
PRORATION OFFICE	E	_

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

LAND OFFICE		
TRANSPORTER GAS REQUE	REQUEST FOR ALLOWABLE	
OPERATOR		
PROPATION OFFICE	AND	
AUTHORIZATION TO I	FRANSPORT OIL AND NATURAL GAS	
Operator		
Tenneco Oil Company -	$ 0 c_{z}$	
Address		
P.O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Otto (rease explain)	
Becompletion		
Dry Gas		
Change in Ownership	sate	
If change of ownership give name and address of previous owner F1 Paso Natural Gas Co. II. DESCRIPTION OF WELL AND LEASE	mpany, P.O. Box 4990, Farmington, NM 87499	
Lease Name Well No. Pool Name, Includi	ing Formation	
	Kind of Lease No. State, Federal or Fee USA	
SJ 28-7 Unit 239 E Basin Dal	kota	
	SF 078417	
Unit Letter Feet From The	North Line and 930 Feet From The West	
	- West	
Line of Section 17 Township 28N	Range 7.1. NMPM. D. County	
2.010	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)	
X	The second secon	
Name of Authorized Transporter of Casinghead Gas or Div Gas	Address (Gine adviess to which approved oppy If Ini B1877 \$ 0 be sent)	
X	Address (Give address to whicit approved dopy of this to the sent)	
El Paso Natural Gas Company	D.O. Poy 4000 Family 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
If well produces oil or liquids,	ge. Is gas actually connected 7, Farming ton, NM 87499	
give location of tanks.		
If this production is commingled with that from any other lease or pool, give commingling order	7W Yes	
	r number	
NOTE: Complete Parts IV and V on reverse side if necessary.		
,		
VI. CERTIFICATE OF COMPLIANCE	II	
	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been co with and that the information given is true and complete to the best of my knowledge and	omplied APPROVED 19 19 19	
and complete to the best of my knowledge and		
<i>f</i>	BY Drank	
44 .46//	TITLE SUPERVISOR DISTRICT # 3	
WATER MANY	TITLE SUPERVISOR DISTRICT # 3	
- 101 Ming	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 acco	
Sr. Regulatory Analyst	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
AOOF (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wal	
0 CT 1 1985	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport	
(Date)	or other such change of condition.	

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