STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEI	VED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSPURIER	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501 JUL 2 3 1987
OIL CON. DIV.

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RORATION OFFICE	AUTHUR	IZATION TO	IRANSE	ONI OIL AI	ND NATOR	WE GAS		
Tenneco Oil Co	mpany							
Address P O Box 3249 E	inglewood,	Co. 8015	55					
Reason(s) for filing (Check proper box)		- -		Oti	ner (Please ex	plain)		
New Well Change in	Fransporter of:							
Recompletion Oil		Dry G	ias					
-	ghead Gas	Cond	ensate					
change of ownership give name nd address of previous owner				,				
I. DESCRIPTION OF WELL AND L						Kind of Lease		Lease No.
Lease Name	Well No.	Pool Name, Inc	_			State, Federal or Fee	Federal	\$F-078416A
Wilch	1	Basın	Dakota	<u> </u>		<u> </u>	rederai	3F-070410A
Location Unit Letter B :	795	Feet From The	, <u>North</u>		ine and 170	05	Feet From TheEas	st
Line of Section 26	Township 2	9N		Range 8W		, NMPM,	San Juan	County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate CONOCO			Address (Give address to which approved copy of this form is to be sent) P O Box 460, Hobbs, NM 88240-0460 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas □ or Dry Gas X.7 El Paso Natural Gas				P O Box 4990, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 6 29N	Rge. 8W	is gas actually	connected?	When		
f this production is commingled with that from an	other lease or pool,	give commingling	order number					
NOTE: Complete Parts IV and V o		if necessary	/ .	16	_	DIL CONSERVAT		23 1987
VI. CERTIFICATE OF COMPLIANC				ADDROVE		DIL CONSERVAT	ION DIVISION	10 130
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.			BY Srank J. Jany					
T. H. D.T.			TITLE SUPERVISOR DISTRICT # 3					
/ Mully / Italis			This form is to be filed in compliance with RULE 1104.					
(Signature) Sr. Administrative Analyst			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.					
7/17/87 ^(Title)				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 VI for changes of owner, well name and or number, or transporter, or other such change of condition.				
(D	ate)			11	•	ust be filed for each poo	of in multiply completed	wells.