STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

(Date)

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	1
OPERATOR		
PROBATION OFFICE		Γ

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

RESEIVEM

TRANSPORTER GAS			R ALLOWABLE U.S.		
OPERATOR			ND NEV 3 6 1987 -		
PRORATION OFFICE	AUTHORI	ZATION TO THANSP	PORT OIL AND NATURAL GAS		
Operator			OIL CON. DIV.		
Tenneco Oil Com	pany		DIST. 3		
P.O. Box 3249,	Englewood CO	80155	- Za-		
Reason(s) for filling (Check proper box			Other (Please explain)		
			,		
	hange in Transporter of:	Dry Gas	Effective 12/1/87		
Recompletion L	Casinghead Gas	Condensate			
Change in Ownership L	Casinginas das	<u></u>			
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
I. DESCRIPTION OF WELL	AND LEASE	Pool Name, Including Forma	nation Kind of Lease N	io.	
Pritchard	3A	Blanco MV	State, Federal or Fee FED. 92+078487	7A	
Location	J Jh	Dianco iiv			
D	. 1000	Sout	th 800 East		
Unit Letter	_:	_ Feet From The	Line and Feet From The	-	
Line of Section 31	Township 2	9N	Rance 8W NMPM San Juan Cou	unty	
III. DESIGNATION OF TRAI Name of Authorized Transporter of Oil CONOCO	or Condensate X		Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casingheed Gas Gor Dry Gas X Sunterna Gas Gathering Company			P.O. Box 1899, Bloomfield, NM 87413		
34,100,114, 040, 45	Unit Sec.	Twp. Rge.	le gas actually connected?		
If well produces oil or liquids, give location of tanks.	P 31	29N 8W	Yes		
If this production is commingled with th	er trom any other lease or pool o	ive comminating order number	4		
NOTE: Complete Parts IV					
VI. CERTIFICATE OF COM			APPROVED	7	
I hereby certify that the rules and regu with end that the information given is	lations of the Oil Conservation true and complete to the best	Division have been compiled of my knowledge and belief.			
// -	> / /		TITLE SUPERVISION DISTRICT # 3		
MICHAEL	KARMEN		This form is to be filed in compliance with RULE 1104.		
Michael D. Gammon (Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be according		
Sr. Administrative	Analyst		panied 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 recompletes		
	(Title)		Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or trans		

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