

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501**RECEIVED**
JUL 23 1987
OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

Operator Tenneco 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 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilch	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078416A
Location Unit Letter <u>B</u> : <u>960</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

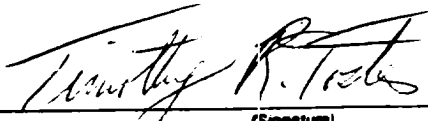
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P O Box 460, Hobbs, NM 88240-0460					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas. Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 25	Twp. 29N	Range 8W	Is gas actually connected? yes	When

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.
Sr. Administrative Analyst

7/17/87

(Title)

(Date)

OIL CONSERVATION DIVISION JUL 23 1987

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 accom-
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 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.