STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	N	m I	
SANTA FE		\Box	
FILE			
U.S.Q.S.			
LAND OFFICE		\perp	
TRANSPORTER	OIL	\perp	
	GAS	1.	
OPERATOR			
PRORATION OFFIC	E	\perp	

OIL CONSERVATION DIVISION P.O. BOX 2068 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83



REQUEST FOR ALLOWABLE AND

RORATION OFFICE	UTHORIZA	TION TO	TRANSP	ORT OIL AND NATURAL GASSIL CON. DIV.	
				——————————————————————————————————————	
Tenneco Oil Company					
	1				
P.O. Box 3249, Englewood	, CO 80	0155			
leason(s: 151 ming (Check proper box)				Other (Please explain)	
New Well Change in Transport	ter of:				
Recompletion Oil	F7 ! !			Effective 12/1/87	
Change in Ownership Casinghead G	a 5	X Conde	ensate		
change of ownership give name nd address of previous owner					
. DESCRIPTION OF WELL AND LEASE				* USA SF-078049	
Lease Name	Well No. P	ool Name, Inc	luding Forma	State, Federal or Fee	
Hughes A	3	Basin	DK	FED. *	
Location					
Unit Letter H : 2170		Feet From The	<u>Nor</u>	th Line and 730 Feet From The East	
Line of Section 28 Tox	vnship 29	N		Range 8W , NMPM, San Juan county	
III. DESIGNATION OF TRANSPORTER C	OF OIL AND	NATURA	AL GAS	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil : or Condensate X		P.O. Box 460, Hobbs, NM 88240			
Conoco			Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas 🗆	or Dry GasX			P.O. Box 4990, Farmington, NM 87401	
El Paso Natural Gas			Rge.	is gas actually connected? When	
Unit	Sec.	Twp.	; -		
tf well produces oil or liquids, H give location of tanks.	28	29N	<u> 8W</u>	Yes	
If this production is commingled with that from any other is	sase or pool, give	commingling	order number		
NOTE: Complete Parts IV and V on reve	7136 9106 II	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>,</i> ·		
			OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE			APPROVED		
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.		MOA TO WAY			
will sign that the monitoring of the		BY G			
(June 1) Carrier			TITLE		
			SUPERVISION DISTRICT IF		
Michael D. Gammon (Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be acc		
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 recompleted with the sections of this form must be filled out completely for allowable on new and recompleted with the sections of this form must be filled out completely for allowable on new and recompleted with the section of the section of the deviation tests taken on the well in accordance with RULE 111.		
Sr. Administrative Analyst			All sections of this form must be filled out completely to allowable or the and of number, or transpo		
11/13/87				or other such change of condition.	
(Date)			Separate Forms C-104 must be filed for each pool in multiply completed wells.		