

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 03 1986
OIL CON. DIV. 1
DIST. 3

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

I. Operator
Tenneco Oil Company

Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 078414
Location				
Unit Letter <u>P</u> : <u>670</u> Feet From The <u>South</u> Line and <u>1300</u> Feet From The <u>East</u>				
Line of Section <u>7</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"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Dr. E., Englewood, CO 80112			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 7	Twp. 29N	Rge. 8W
Is gas actually connected?	Yes		When 8/4/83	

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.

Ann Tolliver
(Signature)

Administrative Operations
(Title)

February 18, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] MAR 3 1986
BY [Signature]
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 accompanied 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.