

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 16 1987
OIL CON. DIV.
DIST. 3

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)
Effective 12/1/87

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-------------------------------|
| Lease Name Hughes A | Well No. 4E | Pool Name, including Formation Basin DK | Kind of Lease State, Federal or Fee FED. | Lease No. SF-078049 |
| Location Unit Letter J : 1750 Feet From The South Line and 1510 Feet From The East | | | | |
| Line of Section 34 Township 29N Range 8W NMPM. San Juan 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 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EI 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 J | Sec. 34 |
| | Twp. 29N | Rge. 8W |
| | Is gas actually connected? Yes | |

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.


Michael D. Gammon
Sr. Administrative Analyst

11/13/87

(Date)

OIL CONSERVATION DIVISION
APPROVED **NOV 16 1987**, 19_____
BY **Burt J. [Signature]**
TITLE **SUPERVISION 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.