STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECI	IVED	
DISTRIBUTION		
SANTA FE		_
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	_
	GAS	_
OPERATOR		
PRORATION OFFICE		

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

DECLIERT FOR ALLOWARIE

RESERVED

RANSPORTER GAS		•	ND	RAL GAS CILL CONTROL OF CHEST OF	- ## ### ### ### #####################
PERATOR	AUTUOD	ON TRANSI	PORT OIL AND NATUR	RAL GAS 🚗	987
NORATION OFFICE	AUITUN	EXTION TO TIEND			
					Day.
Operator O. 3 Comp.				SHOT &	~, y. /
Tenneco Oil Compa	iny				
Address	Javanad CO	80155			
P.O. Box 3249, Er	iglewood, co		Other (Please ex	xplain)	
Reason(s) for filing (Check proper box)					
New Well Chan	ige in Transporter of:		ree+	÷uo 12/1/07	
Recompletion	Oil	Dry Gas	Effective 12/1/87		
Change in Ownership	Casinghead Gas	Condensate			
change of ownership give name					
nd address of previous owner					
I. DESCRIPTION OF WELL A	ND LEASE			Kind of Lease	Lease No.
Lease Name	Well No.	Pool Name, Including Form	nation	State, Federal or Fee	CE 070040
Hughes A	5E	Basin DK_		FED.	SF+078049
Location					F .1
J	. 1540	Feet From TheSOU	ithLine and	7560 Feet From The	<u> </u>
Unit Letter	•				
22	Township	29N	Range 8W	, NMPM. San Ji	Jan Count
	1041.0				
Line of Section 33					
Die of Occio.	PORTER OF OIL	AND NATURAL GAS			
UL DESIGNATION OF TRANS	PORTER OF OIL A	AND NATURAL GAS		nich approved copy of this form is to be st	
III. DESIGNATION OF TRANS	SPORTER OF OIL /	AND NATURAL GAS	P.O. Box 460), Hobbs, NM 88240	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil CONOCO	or Condensate X		P.O. Box 460 Address (Give address to with), Hobbs, NM 88240 nich approved copy of this form is to be so	ent)
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil CONOCO Name of Authorized Transporter of Casing	ghead Gas 🗇 or Dry Gas		P.O. Box 460 Address (Give address to wf P.O. Box 499), Hobbs, NM 88240 nich approved copy of this form is to be so	ent)
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil CONOCO	ghead Gas 🗇 or Dry Gas	(-	P.O. Box 460 Address (Give address to with), Hobbs, NM 88240	ent)
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil CONOCO Name of Authorized Transporter of Casing	ghead Gas - or Dry Gas, Ga S	(-	P.O. Box 460 Address (Give address to wf P.O. Box 499	O, Hobbs, NM 88240 nich approved copy of this form is to be si 90, Farmington, NM	ent)

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.
Maine Carrier
Michael D. Gammon (Signature)
Sr. Administrative Analyst
(Title)
11/13/87
(Date)

OIL CONSERVATION DIVISION APPROVED	, 19
APPROVED	
BY	
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 walls.

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.