STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Sr. Administrative Analyst

(Date)

11/13/87

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| DISTRIBUTION | ١ | |
| BANTA FE | | |
| PILE | | |
| U.S.O.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PROBATION OFFICE | | |

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

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

REQUEST FOR ALLOWABLE

panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Separate Forms C-104 must be filled for each pool in multiply completed wells.

or other such change of condition.

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,

| AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | | |
|--|--|--------------------------------|--|--|--------------------------------|--|--|
| l | | <u></u> | | · · · · · · · · · · · · · · · · · · · | | | |
| Operator Dil Co | mn 3 N V | | | | ' | | |
| Tenneco Oil Co | hillharia | | | | | | |
| | , Englewood, CO | 80155 | | | | | |
| Reason(s) for filling (Check proper box) | | | Other (Please ex | Other (Please explain) | | | |
| New Well Change in Transporter of: | | | | | | | |
| Recompletion | □ o _i | Dry Gas | | Effective 12/1/87 | | | |
| Change in Ownership | Casinghead Gas | Condensate | | | | | |
| If change of ownership give name | | | | | | | |
| and address of previous owner | | | | | | | |
| II. DESCRIPTION OF WEL | LANDIEASE | | | | | | |
| Lease Name | Well No. Pool Name, Including Formation | | ion | Kind of Lease State, Federal or Fee | Lesse No. | | |
| State Com C | 4 | Blanco MV | | Stat | e ; | | |
| Location | | | | | | | |
| Unit Letter N | : <u>1090</u> | Feet From The South | Line and | 1500 Feet From The | <u>West</u> | | |
| | , | NON. | OU | Can | Juan county | | |
| Line of Section 32 | Township 2 | 29N | Range 9W | , NMPM. San | Juan County | | |
| III. DESIGNATION OF TR | ANSPORTER OF OIL A | ND NATURAL GAS | | | | | |
| Name of Authorized Transporter of C | Dil G or Condensate X | IND THAT OF THE | | h approved copy of this form is to be | | | |
| Conoco | | | P.O. Box 460, Hobbs, NM 88240 | | | | |
| Nerne of Authorized Transporter of Casinghead Gas 🗔 or Dry Gas 💢 ' Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| Sunterra Gas (| Sathering Company | | P.O. Box 1895 is gas actually connected? |), Bloomfield, NM | 8/413 | | |
| If well produces oil or liquids, | Unit Sec. | Twp. Rge. | | † | | | |
| give location of tanks. | N 32 | | Yes | ii | | | |
| 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 CO | | | ł t | NL CONSERVATION DIVI | 810N 3 1 1987 | | |
| i hereby certify that the rules and re | 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. | | | | , 19 | | |
| with and that the information given | I IS TIME BUT COMPLETE TO THE DESI | or my knowledge and denon- | BY | Drank . | Y. June / | | |
| 1/ | _ | TITLE SUPERVISOR DISTRICT EL 3 | | | | | |
| \mathcal{M} | <i>M</i> | | | | | | |
| Michael D Cammon (Signature) 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 | | | | | ad wall this farm must be seen | | |
| Michael D. Gammo | U (Saltierinia) | | | owable for a newly gittled or deepen a deviation tests taken on the well in | | | |