STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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DISTRIBUTION			-
SANTA FE			
FILE			Γ
U.S.O.S.			
LAND OFFICE		Г	Г
	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			Г

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

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

NEGRICA

TRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.	7011011211011101	OIL CON. DIV		
Tenneco Oil Compa	ıny	DIST. 3		
Address P.O. Box 3249, Er	iglewood, CO 80155			
Reason(s) for filling (Check proper box)		Other (Please explain)		
New Well Chan	ge in Transporter of:	Effective 12/1/87		
	Oil Dry Gas Casinghead Gas Condensate	Effective 12/1/6/		
Change in Ownership	Casingheed Gas			
If change of ownership give name and address of previous owner				
# DECODISTION OF WELL AL	UD LEACE			
II. DESCRIPTION OF WELL AF	Well No. Pool Name, Including Forma	tion Kind of Lease Lease No. State, Federal or Fee		
√e en Jackson	1 Blanco MV	FED. SF-079947		
Location	and North	000		
Unit Letter A	990 Feet From The Nort	h Line and 990 Feet From The East		
Line of Section 34	Township 29N	Range 9W NMPM. San Juan county		
III. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil				
CONOCO Name of Authorized Transporter of Casingt	eart Gas □ or Dry Gas □ V	P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)		
V V		P.O. Box 1899, Bloomfield, NM 87413		
	Unit Sec. Twp. Rge.	is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	A 34 29N 9W	Yes		
If this production is commingled with that from	om any other lesse or pool, give commingling order number,			
NOTE: Complete Parts IV and	V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLI	ANCE	II OIL CONSERVATION DIVISION		
· · · · · · · · · · · · · · · · · · ·		APPROVED NOV 1 6 1087 , 19		
with and that the information given is true and complete to the best of my knowledge and belief.		2 0 (305)		
// <		Dunch Chang		
TITLE —		TITLE SUPERVISION DISTRICT # 5		
Marre	CARMINEN	This form is to be filed in compliance with RULE 1104.		
Michael D. Gammon	(Signature)	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.		
Sr. Administrative	Analyst (Intel)	All sections of this form must be filled out completely for allowable on new and recompleted walts.		
11/13/87	(,,,,,,,,,	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.		
	(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		