

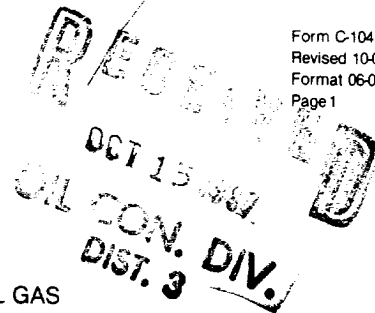
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

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



I. Operator  
**Tenneco Oil Company**

Address  
**P.O. Box 3249, Englewood, Colorado 80155**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input 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 <b>City of Farmington Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin, Dakota</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>---</b>
Location				
Unit Letter <b>J</b> : <b>2160</b> Feet From The <b>South</b> Line and <b>1591</b> Feet From The <b>East</b>				
Line of Section <b>10</b> Township <b>29N</b> Range <b>13W</b> NMPM. <b>San Juan</b> 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"/> <b>Conoco, Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Tenneco Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3249, Englewood, Colorado 80155</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>10</b>
	Twp <b>29N</b>	Rge. <b>13W</b>
Is gas actually connected? <b>Yes</b>		When <b>06/19/87</b>

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.

*Timothy R. Foster*

**Timothy R. Foster**  
**Sr. Administrative Analyst**

**October 14, 1987**

(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. [Signature]* **10-15, 19 87**  
BY **SUPERVISOR DISTRICT 3**  
TITLE

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.