STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO

Operator				
Tenneco Oil Company	0070			
Address	Other (Please explain) Other (Please explain) Other (Please explain) Other (Please explain)			
P. O. Box 3249, Englewodd, CO 80155				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	5131. 3 -1V.			
☐ Recompletion ☐ Dry Gas				
Change in Ownership Casinghead Gas Condensate				
change of ownership give name nd address of previous owner <u>El Paso Natural Gas, P. O.</u>	Box 4990, Farmington, NM 87499			
I. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name. Including Format				
San Juan 32-9 Unit 5 Blanco Mesa V	Julio, V Sasiai Si V CS			
Leastion	ET UE			
Unit Letter K : 1640 Feet From The Sout	th Line and 1700 Feet From The West			
trin Letter	The and 1700 restriction the 1805			
Line of Section 15 Township 31N	Range 9W , NMPM, San Juan County			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil □ or Condensate Address (Give address to which approved copy of this form is to be sent)				
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499			
Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. K 15 31N 9W	Is gas actually connected? When Yes			
f 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.				
/I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVED			
with and that the information given is true and complete to the best of my knowledge and belief.	\mathcal{E}_{α}			
BY SHEVELINGS - way				
TITLE SUPERVISOR DISTRICT # 3				
Stot Oll-Kinny	This form is to be filed in compliance with RULE 1104.			
Senior Regulatory Analyst	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.			
(Title) All sections of this form must be filled out completely for allowable on new and recomplete				
OCT 1 1985 Fill out only Section I, II, and VI for changes of owner, well name and or number, or trans or other such change of condition.				
(Date)	Separate Forms C-104 must be filed for each gool in multiply completed wells.			