STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

with and that the information given is true and complete to the best of my knowledge and belief.

(Date)

Sr. Regulatory Analyst

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TRANSPORTER	OIL	
	GAS	
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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

Operator lenneco Oil Company E & P WRMD P. O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Oil Well Name Change in Ownership Casinghead Gas Condensate If change of ownership give name El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Kind of Lease USA Lease No. State, Federal or Fee Van Hook LS Blanco-MV 080424 Location 800 1090 Unit Letter eet From The 27 32N NMPM. San Juan 11W Line of Section Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil : or Condensate X Address (Give address to which approved copy of this form is to be sent) Conoco Inc. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas ... or Dry Gas X 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. Is gas actually connected? If well produces oil or liquids. 27 M 32N 11W Yes give location of tanks. 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 **APPROVED**

RY

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 walls.

SUPERVISOR DISTRIC

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.