STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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 GAS

Address P. O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box)	Tenneco Oil Company				
Reasons for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Change in Ownership Cassinghead Gas Oil Condensate For Paso Natural Gas. P. O. Box 4990, Farmington, NM 87499 I. DESCRIPTION OF WELL AND LEASE Lases Name San Juan 32-9 Unit 9 Ranco Mesaverde San Juan	Address	OCT 02 1985			
Recompletion	P. O. Box 3249, Englewood, CO 80155				
Recompletion One Casinghead Gas X Condensate It change of ownership Casinghead Gas X Condensate E1 Paso Natural Gas P. O. Box 4990, Farmington, NM 87499 I. DESCRIPTION OF WELL AND LEASE Lease Name Lase Name Lase Name Lase Name Lase Name San Juan 32-9 Unit 9 R1anco Mesaverde SF 078051 Location Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West Line of Section 25 Township 32N Range 10W NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate X Conoco Inc. Surface Transporter of Organs X E1 Paso Natural Gas If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, one to be sentily P. O. Box 4990, Farmin	Reason(s) for filing (Check proper box)	Other (Please explain) OIL CON. DIV.			
Recompletion Casinghead Gas Condensate	New Well Change in Transporter of:	DIST. 3			
Change of ownership give name and address of previous owner	Recompletion Oil Dry Gas				
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation State, Federal or Fee USA Lease No.	Change in Ownership Casinghead Gas Condensate				
Lease Name San Juan 32-9 Unit 9 Ranco Mesaverde San Juan 32-9 Unit Unit Letter Line of Section 25 Township 32 N Range 10W NMPM. San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 0 or Condensate W. Conoco Inc. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 If well produces die or liquids, Unit I Sec. Twp. Rge. Is gas actually connected? If well produces die or liquids, Institute of the Conservation Division have been complied 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 Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest Complete Parts IV and V		P. O. Box 4990, Farmington, NM 87499			
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II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Condensate C CONOCO Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas C or Dy Gas C E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 When the proved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 If well produces to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 If well produces to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 If well produces to which approved copy of this form is to be sen	th court court 1650 and Wort				
Name of Authorized Transporter of Oil or Condensate Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Line of Section 25 Township 32N	Range 10W , NMPM, San Juan County			
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. APPROVED SUPERVISOR DISTRICT 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. 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.	Conoco Inc. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas P. O. Box 4990, Farmington, NM 87499 Unit Sec. Twp. Rge. Is gas actually connected? When				
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