STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
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LAND OFFICE		T
	OIL	
TRANSPORTER	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 GA

OPERATOR				ΑN	
PRORATION OFFICE	AUT	HORIZA	ATION TO	TRANSP	PORT OIL AND NATURAL GAS
Operator					A CONTRACTOR OF THE PROPERTY O
Tenneco Oil Co	mpany				
Address	• -				00T 02 1385
P. O. Box 3249	. Englewoo	d, CC	80155	<u>. </u>	
Reason(s) for filling (Check proper box)				Other (Please explain)	
New Well Change in Transporter of:					
Recompletion Oil Dry Gas			Dry Ga	William C. M.	
Change in Ownership	Casinghead Gas		X Conde	nsate	
If change of ownership give name and address of previous owner	El Pas	o Nat	ural Ga	s. P.	O. Box 4990, Farmington, NM 87499
II. DESCRIPTION OF WELL A	ND LEASE				tion Kind of Lease IIC A Lease No.
Lease Name	Wel	l No. F	Pool Name, Incl	uding Forma	State, Federal or Fee
San Juan 32-9	Unit 3	9	Blanco	Mesav	verde SF 078507
Location		_			
Unit LetterB	: 800		Feet From The	Nor	th Line and 1490 Feet From The East
Olin Esties					ADU Can Juan
Line of Section 26	Townshi	P	32N		Range 10W , NMPM, San Juan county
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas				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	
	Unit	Sec.	Twp.	Rge.	is gas actually connected? When
If well produces oil or liquids, give location of tanks.	B	26	32N	10W	Yes
If this production is commingled with that NOTE: Complete Parts IV an					
VI. CERTIFICATE OF COMP	LIANCE				OIL CONSERVATION DIVISION
t hereby certify that the rules and regulations of the Oil Conservation Division have been complied			vision have bee	APPROVED	
with and that the information given is true and complete to the best of my knowledge and belief.			my knowledge		
Sut M=Kinny			<u></u>	TITLE SUPERVISOR DISTRICT # 1 This form is to be filed in compliance with RULE 1104.	
(Signature) 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. All sections of this form must be filled out completely for allowable on new and recompleted walk	
OCT 1 1985				Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.