

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

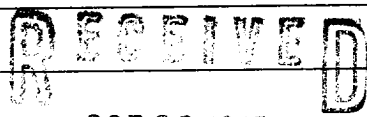
Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company		<div style="text-align: center;">  OCT 02 1985 OIL CON. DIV. DIST. 3 </div>
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **El Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 49	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 078504
Location Unit Letter B : 990 Feet From The North Line and 1450 Feet From The East				
Line of Section 23 Township 32N Range 10W , NMPM, San Juan 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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 23
	Twp. 32N	Rge. 10W
	Is gas actually connected? Yes	

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.

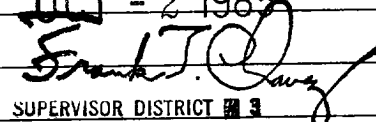

(Signature)

Senior Regulatory Analyst

(Title)

OCT 1 1985

(Date)

OIL CONSERVATION DIVISION	
APPROVED	OCT - 2 1985, 19
BY	
TITLE	SUPERVISOR DISTRICT 3

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.