## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL		Г
GAS		Г
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		Г
	GAS	GAS

## 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

Operator	
Tenneco Oil Company	907.00
Address	A 1965
P. O. Box 3249, Englewood, CO 80155	Other (Please explain)  DIST 3
Reason(s) for filing (Check proper box)	Other (Please explain)
New Weil Change in Transporter of:	
Recompletion Oil Dry Gas  X Change in Ownership Casinghead Gas X Condensate	
XI Change In Ownership	
change of ownership give name Fl Paso Natural Gas P	O. Box 4990, Farmington, NM 87499
address of previous owner <u>EI PdSU NdtUrdI GdS</u> , P.	VI DON 1220, Turning ton, Turning ton,
DESCRIPTION OF WELL AND LEASE	
ease Name Well No. Pool Name, Including Format	State, Federal or Fee
San Juan 32-9 Unit   54   Blanco Mesav	erde SF 079322
Location	1100
Unit Letter L : 1850 Feet From The SOU	th Line and 1190 Feet From The West
Line of Section 14 Township 32N	Range 9W , NMPM. San Juan county
Line of Section 14 Township 32N	hange 5W , Hilli M. Sull Such
I. 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  A	P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas   Unit   Isec.   Twp.   Page.	P. O. Box 4990, Farmington, NM 87499 Is gas actually connected?
If well produces oil or tiquids.	
give location of tanks. 14 32N 9W	Yes
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.	
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I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have been complied rith and that the information given is true and complete to the best of my knowledge and belief.	APPROVED , 19, 19
And said that the information given is the and complete to the best of my knowledge and bence.	BY
	SUPERVISOR DISTRICT 98 3 ()
Little Michigan	TITLE
(Sizzatura)	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.
(744)	All sections of this form must be filled out completely for allowable on new and recompleted walls.
OCT (111111) 1985	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,
(Date)	or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.
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