STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GA5	
OPERATOR		
PRORATION OFFICE		l l_

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l	PAR PINE		
Operator	WEGELVER		
Tenneco Oil Company			
Address Of The 1995			
P. O. Box 3249, Englewood, CO 80155	Other (Please explain)		
Reason(s) for filing (Check proper box)	OIL CON, DIV.		
New Well Change in Transporter of: Dry Gas			
Recompletion Y Condensate	Dist. 3		
La Change in Chinasan			
ord address of previous owner El Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499			
and address of previous owner El Paso Natural Gas, P. U. Box 4550, Farinfring Cons. Int. State of the control o			
II. DESCRIPTION OF WELL AND LEASE Well by J. Prol Name Including Formation Kind of Lease J. USA Lease No.			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formatio	n Kind of Lease USA		
N N	erde SF 078513		
Location			
A · 1227 Feet From The North	Line and 1090 Feet From The Ed.St		
Unit Letter	QIJ NMPM San Juan county		
Line of Section 18 Township 32N F	Range 9W NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oil or Condensate >			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X 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)			
Name of Authorized Transporter of Casingrieau Gas 2 6.57, 355 2			
El Paso Natural Gas	Is gas actually connected?		
201 011			
If well produces oil or liquids, give location of tanks. A 18 32N 9W	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	OIL CONSERVATION DIVISION OCT = 2 100		
APPROVED			
with and that the information given is true and complete to the best of my knowledge and the property of the p			
Λ			
TITLE SUPERVISOR DISTRICT 報 3 U			
This form is to be filed in compliance with RULE 1104.			
We would for a newly drilled or deepened well, this form must be account to allow the control of			
Senior Regulatory Analyst	I panied by a tabulation of the deviation tests taken on the well in accordance with the action		
/THIS	All sections of this form must be filted out completely for allowable on new and recompleted wal Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport		
OCT 1 ^{''''} 1985	rother such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		
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