STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Tenneco Oil Company

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DISTRIBUTION	-	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

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

OO 15 OF Form C-104
Privised 10-01-78
OF priviled 10-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

									 		
Address P.O.	Box 3249 En	glewood,	CO 80155								
Reason(s) for filling (Check proper box)						Other (Please ex	plain)				
New Well Change in Transporter of:											Ì
Recompletion	Oil	opo	X Dry Gas								
Change in Ownership		ad Gas	Condens	ate							
Onlange in Ownership						L					
of change of ownership give and address of previous or											
I. DESCRIPTION O	F WELL AND LEA						1.2.			· -	Lease No.
Blancett Com		1	Well No. Pool Name, Including Forma 1 Blanco Mesa				Kind of Lease State, Federal or Fee		г		
	,UIII	1 1	DIANCO	mesa	verae		<u></u>		Fee		
Location G Unit Letter	:	1820	Feet From The	nor	th	Line and	1740	F	eet From The	eas	<u>t </u>
Line of Section 2	27	Township	32N		Range	9W	,	NMPM,	San J	uan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII Or Condensate C Giant Refining Co. Name of Authorized Transporter of Casinghead Gas C or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Co.				P.O. Box 4990 Farmington, NM 87499							
If well produces oil or liquid give location of tanks.	ds,	it Sec. 27	Twp. F	ige. 9W	is gas actu	NO		When	asap		
If this production is comming	gled with that from any oth	er lease or pool, give	commingling ord	er number							
NOTE: Complete Pa	-										
VI. CERTIFICATE OF COMPLIANCE					(OIL CONSE	RVATI	ON DIVISIO	DN	 .	
								, 19 <u>87</u> _			
with and that the informati	ion given is true and com	plete to the best of	my knowledge at	nd belief.	BY		Tra	mk.	J.(4).		
	0	7				· · · -			PUDEN	, A	TOLOT IN S
Tunty K. Titles				TITLE SUPERVISOR DISTRICT 福度 This form is to be filed in compliance with RULE 1104.							
Timothy R. Foster (Signature)					If this	is a request for all	owable for a ne	wly drille	d or deepened v		m must be accom-
Sr. Administrative Analyst					panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
October 9, 1987					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.						
<u></u>	(Date)				II.	ite Forms C-104 mi		each pool	in multiply com	pleted well	S.