

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED
APR 07 1988
OIL CON. DIV. 1
DIST. 3

I. Operator **Tenneco Oil Company**

Address **P.O. Box 3249 Englewood, CO 80155**

Reason(s) for filing (Check proper box):
☐ New Well
☐ Recompletion
☐ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☒ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Case A	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 790 Feet From The north Line and 1840 Feet From The east				
Line of Section 19 Township 31N Range 11W , 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.	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 type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19
	Twp. 31N	Rge. 11W
Is gas actually connected?		When

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.

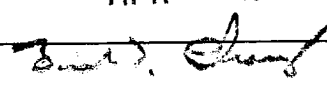
VI. CERTIFICATE OF COMPLIANCE

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)
Sr. Administrative Analyst
(Title)
3/29/88
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 07 1988**, 19____

BY 

TITLE **SUPERVISOR**

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.