STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECE	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
RANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

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

Revised 10-01-78 Format 06-01-83

Form C-104

TRANSPORTER GAS			REQUE	ST FOR	R ALLOW	ABLE					
OPERATOR				A۱	ND					To the second	
PRORATION OFFICE		AUTHORIZ	ATION TO T	RANSP	ORT OIL	AND NATUR	RAL GAS	- 12 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 €	it i see George e *∎		
1.								ř.			
Operator											
Ten	neco Oil (Company									
Address											
616	52 S. Wille	ow Dr.	Fnalev	vood.	CO 801	11					
Reason(s) for filing (Check prop			3	,		Other (Please ex	nlain)	-			
						0 o. (1 . 10200 0 x	 ,				
New Well	Change in Tran	sporter of:	— .								ļ
Recompletion			☐ Dry Gas	i							
Change in Ownership	Casinghe	ad Gas	<u> </u>	sate							
If change of ownership give name											
II. DESCRIPTION OF W	ELL AND LEA		Pool Name, Inclu	dina Forma	tion		Kind of Leas	e			Lease No.
[* · · · · .	٠	1 - 1		-		: 44.	State, Federa		1	c c	078319A
Riddle C C	,OIII	8	Blanco	PICU	irea ci	1115		Fest	*************************************	<u> </u>	U/0319A
Location		1105			ı I.		1050				
Unit LetterB	:	1135	Feet From The _	nort	tn	Line and	1850	Feet Fro	m The	east	
Line of Section 29		Township 311	MI.		Ranne 9W	1		Ç 2	n Juan		
Line of Section 29		Township 311	<u> </u>		Range 9N	J		NMPM, Ja	11 Juan		County
III DECIGNATION OF T	FRANCDODTE	DOE OIL AN	D MATHDAL	GAS							
III. DESIGNATION OF 1 Name of Authorized Transporter	of Oil O or Conde	nsate 🛭	DINATURAL	. GAS	Address (Gi	ve address to which	h approved con	ov of this form is	to be sent)		
Conoco Sur		•	n		i .			NM 88240			ļ
Name of Authorized Transporter					1	ve address to which					
								•			i
El Paso Na			- + <u>-</u>			ox 4990		gton, NM	8/499		
If well produces oil or liquids,	ļ''	nit Sec.	Twp.	Rge.	is gas actua	ally connected?	- !	When			
give location of tanks.		i	<u> </u>				<u></u>				
If this production is commingled v	vith that from any oth	ver lease or pool, giv-	e commingling ord	der number.							
NOTE 0 111 D 1											
NOTE: Complete Parts	IV and V on r	everse siae it	necessary.								
						_					
VI. CERTIFICATE OF C	OMPLIANCE						DIL CONSI	ERVATION D	IVISION		
I hereby certify that the rules and					APPRO\	/ED	-NOV-	- 4 198	8	, 1	9
with and that the information gi	ven is true and com	plete to the best of	my knowledge a	nd belief.	₅ ,		Original S	igned by FR	ANK T ()	HAVE7	
					∥ ^{BY} —		engina c	igned by The	MIN I. CI	IMVLL	
					TITLE		,	EUPERVISOR I	DISTRICT 裏	6.5	
\mathcal{A}^{\prime}					H			·			
Micano.	1 16 3/2/2	· 12-2			This for	m is to be filed in	compliance w	ith RULE 1104.			
Sr. Admini	istrative	Analyst				a request for allo					
	(Title)				11	ons of this form m					
10/25/88	(Title)				11	only Section I, II, II					
10/23/00					11	ich change of cor		,.			
	(Date)				Separat	e Forms C-104 mu	ist be filed for	each pool in mul	tiply complete	ed wells.	