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

Sr. Administrative Analyst

10/25/88

(Title)

(Date)

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DISTRIBUTION			
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LAND OFFICE			
TRANSPORTER	OIL		
IRANSFORIER	GAS		
OPERATOR			
PRORATION OFFICE			

## **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

D	E	-	75. 173 173			(1) (1) (1) (1)	1
u u	MOV 6 4 1938						2000

GAS					[新行者 ff ほ 12.00			
OPERATOR		AND						
PRORATION OFFICE	AUTHORI	ZATION TO	TRANS	PORT OIL AND NATUR	RALGAS 🕜			
1,								
Operator						1.3		
Tenneco Oil C	ompany							
Address					,			
6162 S. Willow	w Drive Er	alewood.	CO 8	0111				
Reason(s) for filing (Check proper box)				Other (Please ex	plain)			
New Well Change in	Transporter of:							
Recompletion Oil		Dry G	las					
	nghead Gas		ensate					
Change in Ownership Casi	ngneao Gas		ensate		<del></del>		<del></del>	
If change of ownership give name and address of previous owner								
and address of provide office								
II. DESCRIPTION OF WELL AND	LEASE							
Lease Name				ation	Kind of Lease		Lease No.	
Jacquez Com	5	Blanco Pictured Cliffs		red Cliffs	State, Federal or Fee	Fee		
Location	1095	·			C		1	
Α .	1 <del>00</del> 0	E 4 E Th .	nor		1 <b>000</b> 709 _	east		
Unit Letter:		_ Feet From The		Line and	Fi	eet From The		
Line of Section 30	Township	31N		Range 9W	, NMPM,	San Juan	County	
III. DESIGNATION OF TRANSPOR	RTER OF OIL AL	ND NATURA	AL GAS					
Name of Authorized Transporter of Oil Or Or	ondensate	10 11/11/01/1/	12 0/10	Address (Give address to which	ch approved copy of this fo	orm is to be sent)		
Conoco Surface Tr	ansportatio	n		P.O. Box 460 Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead (				Address (Give address to which	-			
El Paso Natural Gas Co.				P.O. Box 4990 Farmington, NM 87499				
El Faso Natural d			Ta			, NI 0/433		
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When			
give location of tanks.			<u> </u>	yes				
If this production is commingled with that from an	y other lease or pool, g	ive commingling	order number	·				
NOTE: Complete Parts IV and V of	on reverse siae i	it necessary	<i>/</i> .					
				11				
VI. CERTIFICATE OF COMPLIANO	CE				DIL CONSERVATION	NOISIVID NC		
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.			APPROVED	NUV - 4	1988	, 19		
			يان	*. * . <b>1</b>	Pro traz.			
				∥ BY Ü	riginal Signed by I	wark $I$ . Leaft $oldsymbol{I}$		

TITLE

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.

ERVISOR DISTRICT IN

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.