STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Tenneco Oil Company

6162 S. Willow Dr.

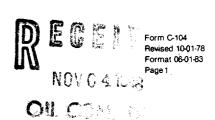
NO. OF COPIES RECEI	VED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

Reason(s) for filing (Check proper box)

Operator

Address

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Englewood, CO 80111

Other (Please explain)

i	in Transporter of:	Dry Ga							
	iil	Conder							
Change in Ownership C	asinghead Gas	LA Conde	isate						
change of ownership give name nd address of previous owner				·	*****				
DESCRIPTION OF WELL AN		No. Pool Name, Inclu	ding Engation		Kind of Lea	180		 i	_ease No.
Lease Name	Well		•		State, Fede	ral or Fee	_		
Riddle C		Blanco	Picture	d Cliffs		Fed	eral	SF-0	78319A
Location Unit Letter P :	1175	Feet From The _	south	Line and	890	Feet F	From The	east	
Line of Section 30	Township	31N	Ran	ge <u>9</u> W		, NMPM,	San Jua	an	County
I. DESIGNATION OF TRANSPONAME of Authorized Transporter of Oil = 0	ORTER OF O	IL AND NATURAL	L GAS	trace (Cive address to	which approved co	ony of this form	is to be sent)		
				Address (Give address to which approved copy of this form is to be sent)					
Conoco Surface Transportation Name of Authorized Transporter of Casinghead Gas : or Dry Gas :			P	.0. Box 46	O Hobbs	NM 882	40		
			1	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural				P.O. Box 4990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp.	Rge. Is g	as actually connecte	a:	vvnen I I			
this production is commingled with that from	n any other lease or	pool, give commingling or	rder number						
NOTE: Complete Parts IV and									
/I. CERTIFICATE OF COMPLIANCE				DDDOVED	OIL CONS	SERVATION	DIVISION	. 19	
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.			' 11	PPROVED	- NUV	- 4 13	00	, 19	
vith and that the information given is true of	and complete to the	e best of my knowledge	В	Υ	Original	Signed by F	RANK T. U	HAVE7	
				TITLE SUPERVISOR DISTRICT IS S					
; hunz LiCo	mond			This form is to be fi					
(Signature) Sr. Administrative Analyst			p	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.					
	(Title)			All sections of this fo					
10/25/88	(Data)		•	Fill out only Section other such change	of condition.				or transporter,
	(Date)		11	Separate Forms C-1	04 must be filed fo	or each pool in m	nultiply complet	ed wells.	