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

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PRORATION OFFICE	ľ.	T

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

RECEIVE

PRORATION OFFICE AUTI	HORIZATION TO TRANSPI	DEC 05 1881	
Operator Tenneco Oil Company Oll CON. Div			
Address			
P.O. Box 3249, Englewood, CO	80155		
Rasson(s) for filing (Check proper box)		Other (Please explain)	
New Well Change in Transporter of:		change of condensate transporter from	
Recompletion Oil Dry Gas		Gary Energy to Conoco effective 12/1/87	
Change in Ownership Casinghead Gas	Y Condensate		
tf change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE * Jicarilla Cont. 108			
Lease Name Well	No. Pool Name, Including Format	I State Federal or Fee	
Jicarilla C	Basin Dakota	& Blanco MV Indian *	
Location			
Unit Letter M : 505	Feet From The SOU	th Line and 1070 Feet From The West	
Unit Latter	7 6517 10111110		
Line of Section 13 Township	26N	Range 5½ , NMPM, Rio Arriba county	
III. DESIGNATION OF TRANSPORTER OF C	IL AND NATURAL GAS	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil Condensation of			
Conoco		P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)	
Maria of Additional Property of Carrier States			
Northwest Pipeline Corporat	TON Rge.	P.O. Box 90, Farmington, NM 87401 Is gas actually connected?	
If well produces oil or liquids, give location of tanks.	13 26N 5W	Yes	
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.			
AN OFFICIATE OF COMPLIANCE II OIL CONSERVATION DIVISION COMO 7			
VI. CERTIFICATE OF COMPLIANCE	APPROVED NEC 1901		
I hereby certify that the rules and regulations of the Oil Conse	he best of my knowledge and belief.		
with and that the information given is true and complete to the best of my knowledge and belief.		BY Sranks. Lavey	
		SUPERVISOR DISTRICT W	
() () () () () () () () () ()		TITLE SUPERVISOR DISTRICT # 4	
(1) What		This form is to be filed in compliance with RULE 1104.	
(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
Sr. Administrative Analyst		panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted walls.	
11/20/87		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.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	
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