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

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OIL CONSERVATION DIVISION

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND **AUTHORIZATION TO TRANSPORT OIL AND NATURAL** Operator Tenneco Oil Company -Address P.O. Box 3249, Englewood, CO 80155 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499 and address of previous owner _ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name USA State, Federal or Fee \$J 28-7 Unit 15 So. Blanco-PC MI 03560 Location Feet From The South 1650 Line and _ Feet From The West Line of Section Township 27N Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil □ or Condensate □ Address (Give address to which approved copy of this form is to be sent) Conoco Inc. Surface Transportation

Name of Authorized Transporter of Casinghead Gas □ or Dry Gas □ P.O. Box 460, Hobbs NM 88240
Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499 Is gas actually connected? El Paso Natural Gas Company Twp. If well produces oil or liquids, give location of tanks. 29 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. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION_DIVISION **APPROVED** 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. BY SUPERVISOR DISTRICT # 3

Sr. Regulatory Analyst

(Date)

1985

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.

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,

Form C-104

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

or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.