STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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TRANSPORTER	OIL	1	_
	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

	IND	
PRORATION OFFICE AUTHORIZATION TO TRANSI	PORT OIL AND NATURAL GAS	
	- CERVER	
Operator		
Tenneco Oil Company - Address		
P.O. Box 3249, Englewood, CO 80155	901021985	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	in the state of	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
If change of ownership give name and address of previous owner El Paso Natural Gas Company	y, P.O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Forms	L0000 110,	
SJ 28-7 Unit 132 Basin Dakota	State, Federal or Fee USA SF 078640	
Location		
Unit Letter K: 1650 Feet From The Sout	Line and 1550 Feet From The West	
Haraton National Control of the Cont		
Line of Section 15 Township 27N	Range 7W , NMPM, 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	P.O. Roy 460 Hobbs SIM 99340	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this (orm is to be sent)	
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499	
Unit Sec. Twp. Rge.	is gas actually connected?	
give location of tanks. K 15 27N 7W	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	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVED	
with and that the information given is true and complete to the best of my knowledge and belief.	BY Srank . Java	
	SUPERVISOR DISTRICT # 3	
Soft Mohning	TITLE	
	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. Regulatory Analyst (Title)	panied 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.	
OCT 1 1985	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.