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

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| U.S.G.S.            |     |  |
| LAND OFFICE         |     |  |
| TRANSPORTER         | OIL |  |
|                     | GAS |  |
| OPERATOR            | •   |  |
| PROBATION 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

DECLIFET FOR ALLOWARIE

| TRANSPORTER GAS REQUEST FOR                                                                             |                                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OPERATOR AN                                                                                             |                                                                                                                                                                                              |  |
| PRORATION OFFICE AUTHORIZATION TO TRANSPO                                                               | ORT OIL AND NATURAL GAS                                                                                                                                                                      |  |
| l.                                                                                                      |                                                                                                                                                                                              |  |
| Operator                                                                                                |                                                                                                                                                                                              |  |
| Tammana Oil Company                                                                                     | 007.00.100-                                                                                                                                                                                  |  |
| Tenneco Oil Company - Address                                                                           | 1985                                                                                                                                                                                         |  |
|                                                                                                         | Oll Maria                                                                                                                                                                                    |  |
| P.O. Box 3249, Englewood, CO 80155                                                                      | Other (Please explain)                                                                                                                                                                       |  |
| Reason(s) for filing (Check proper box)                                                                 | Other (riease explain)                                                                                                                                                                       |  |
| New Well Change in Transporter of:                                                                      |                                                                                                                                                                                              |  |
| Recompletion Oil Dry Gas                                                                                |                                                                                                                                                                                              |  |
| Change in Ownership Casinghead Gas Condensate                                                           |                                                                                                                                                                                              |  |
| A                                                                                                       |                                                                                                                                                                                              |  |
| If change of ownership give name                                                                        | 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.                                                                                                                                                     |  |
| and address of previous owner <u>El Paso Natural Gas Company</u>                                        | , P.O. Box 4990, Farmington, NM 87499                                                                                                                                                        |  |
|                                                                                                         |                                                                                                                                                                                              |  |
| II. DESCRIPTION OF WELL AND LEASE                                                                       | ion Kind of Lease Lease No.                                                                                                                                                                  |  |
| Lease Name Well No. Pool Name, Including Format                                                         | State, Federal or Fee USA                                                                                                                                                                    |  |
| SJ 28-7 Unit 3 Blanco-PC                                                                                | SF 078835                                                                                                                                                                                    |  |
| Location                                                                                                |                                                                                                                                                                                              |  |
| Courte Court                                                                                            | h Line and QQO Feet From The Wost                                                                                                                                                            |  |
| Unit Letter Feet From TheSout                                                                           | h Line and 990 Feet From The West                                                                                                                                                            |  |
|                                                                                                         | D MARKET COUNTY                                                                                                                                                                              |  |
| Line of Section 6 Township 27N                                                                          | Range 7W . NMPM. Rio Arriba County                                                                                                                                                           |  |
|                                                                                                         |                                                                                                                                                                                              |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                  | 1                                                                                                                                                                                            |  |
| Name of Authorized Transporter of Oil  or Condensate                                                    | Address (Give address to which approved copy of this form is to be sent)                                                                                                                     |  |
| Company Two Comford Topponents to an                                                                    | D.O. Doy ASO, Hobbo BIM 002AO                                                                                                                                                                |  |
| Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X        | Address (Give address to which approved obpy of this form is to be sent)                                                                                                                     |  |
|                                                                                                         |                                                                                                                                                                                              |  |
| El Paso Natural Gas Company                                                                             | P.O. Box 4990, Farmington, NM 87499 Is gas actually connected?                                                                                                                               |  |
| If well produces oil or liquids,                                                                        |                                                                                                                                                                                              |  |
| give location of tanks. M 6 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 Sranks. Javes                                                                                                                                                                             |  |
| $\rho$                                                                                                  | 」 SUPERVISOR DISTRICT 推 3 ()                                                                                                                                                                 |  |
| TITLE                                                                                                   |                                                                                                                                                                                              |  |
| Jan 11/= Yames                                                                                          | This form is as he didn't is compliance with PIH E 1104                                                                                                                                      |  |
| (Signature)                                                                                             | This form is to be filed in compliance with RULE 1104.                                                                                                                                       |  |
| (Signatur <del>e)</del>                                                                                 | 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. |  |
| Sr. Regulatory Analyst                                                                                  | All sections of this form must be filled out completely for allowable on new and recompleted walls.                                                                                          |  |
| (Title)                                                                                                 | " <b> </b>                                                                                                                                                                                   |  |
| 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.                                                   |  |
| (Date)                                                                                                  | Separate Forms C-104 must be filed for each pool in multiply completed wells.                                                                                                                |  |
|                                                                                                         | /I                                                                                                                                                                                           |  |