

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Tenneco Oil Company -**  
Address  
**P.O. Box 3249, Englewood, CO 80155**  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☒ Condensate  
Other (Please explain)

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>ST 28-7 Unit</b>	Well No. <b>248</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>USA</b>	Lease No. <b>078417</b>
Location Unit Letter <b>B</b> : <b>1180</b> Feet From The <b>North</b> Line and <b>1610</b> Feet From The <b>East</b> Line of Section <b>18</b> Township <b>28N</b> Range <b>7W</b> , NMPM. <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4990, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks. <b>B 18 28N 7W</b>	Unit <b>B</b>	Sec. <b>18</b>
Twp. <b>28N</b>	Rge. <b>7W</b>	Is gas actually connected? <b>Yes</b>

If this production is commingling 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

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.

**Scott McKinney**  
(Signature)

**Sr. Regulatory Analyst**  
(Title)

**OCT 1 1985**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **OCT 02 1985**, 19\_\_\_\_  
BY **Frank J. [Signature]**  
TITLE **SUPERVISOR DISTRICT # 3**

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 wells.

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.