

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

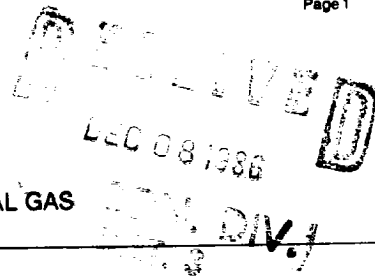
OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	EFFECTIVE JANUARY 1, 1987
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name STOREY D	Well No. 3E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Foreign FEDERAL	Lease No. SF- 078566
Location Unit Letter J : 1500 Feet From The SOUTH Line and 1830 Feet From The EAST Line of Section 35 Township 28N Range 8W NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PETRO SOURCE CORPORATION	Address (Give address to which approved copy of this form is to be sent) 8777 E. Via De Ventura, Ste #100
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) Scottsdale, Az 85258
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

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.

Steve Davis  
(Signature)  
ADMINISTRATIVE SUPERVISOR  
(Title)  
12/01/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 08 1986  
BY Frank J. Davis  
TITLE SUPERVISOR DISTRICT # 1

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 accom-  
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 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.