

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

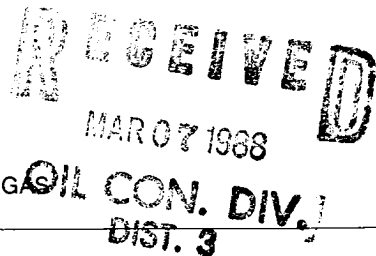
OIL CONSERVATION DIVISION

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.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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter M	990	Feet From The south	Line and 990	Feet From The west
Line of Section 32	Township 30N	Range 9W	NMPM. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899 Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 30N	Rge. 9W	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.

(Signature)
Sr. Administrative Analyst
(Title)
3/1/88
(Date)

OIL CONSERVATION DIVISION **MAR 07 1988**

APPROVED _____ 19____

BY
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.