## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	VED	
DISTRIBUTION		
SANTA FE		
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U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PROBATION OFFICE		$\neg \neg$

## 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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

PROPATION OFFICE AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS	
Operator		
Tenneco Oil Company		
Address	Morr.	
P. O. Box 3249, Englewood, CO 80155	Other (Please explain)  OIL CO.  DIST. 3	
Reason(s) for filing (Check proper box)	Oll Co	
New Well Change in Transporter of:		
Recompletion Oil Dry Gas  Y Condensate	\ DIST. 3	
Change in Ownership Casinghead Gas X Condensate		
	4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE	tion Kind of Lease USA Lease No.	
Lease Name	State, Federal or Fee 03A	
San Juan 32-9 Unit 3 Blanco Mesa	verde	
	orth Line and 820 Feet From The Fast	
Line of Section 1 Township 31N	Range 10W NMPM, San Juan County	
TO THE PART OF THE PROPERTY OF OIL AND NATURAL GAS		
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)	
	P. 0. Box 460. Hobbs. 88240  Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas G or Dry Gas &	1	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.  A 1 31N 10W	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.	THE SOLOEDWATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION OCT = 2/1985	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVER 19	
with and that the information given is true and complete to the best of my knowledge and belief.	BY Tranker Sur	
Λ · · · ·	<u> </u>	
lat m(1)	TITLE SUPERVISOR DISTRICT # 3	
Swort Mikinny	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 according	
Senior Regulatory Analyst	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 wal	
(Title)	All sections of this form must be filled out completely for anowable of the disconnection.  Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter.	
0 CT <b>1 1985</b>	or other such change of condition.	
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	