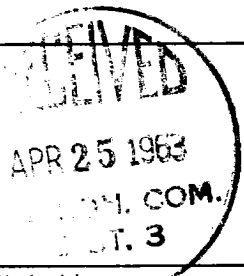
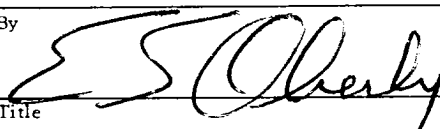


NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>			<b>FORM C-110</b> (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator <b>El Paso Natural Gas Company</b>				Lease <b>San Juan 32-9 Unit</b>		Well No. <b>7(OWWO)</b>
Unit Letter <b>M</b>	Section <b>32</b>	Township <b>32-N</b>	Range <b>9-W</b>	County <b>San Juan</b>		
Pool <b>Blanco Mesa Verde</b>				Kind of Lease (State, Fed, Fee) <b>State</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>Same</b>	Section	Township	Range
Authorized transporter of oil <input type="checkbox"/> or condensate <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>Box 990, Farmington, New Mexico</b>		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>			Date Connected <b>12-31-53</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>		
If gas is not being sold, give reasons and also explain its present disposition:						
<b>REASON(S) FOR FILING (please check proper box)</b>						
New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/> Change in Transporter (check one) Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . . <input checked="" type="checkbox"/>						
Remarks						
						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>1st</u> day of <u>January</u> , 19 <u>63</u> .						
OIL CONSERVATION COMMISSION				By 		
Approved by <b>Original Signed Emery C. Arnold</b>				Title <b>Petroleum Engineer</b>		
Title <b>Supervisor Dist. # 3</b>				Company <b>El Paso Natural Gas Company</b>		
Date <b>APR 25 1963</b>				Address <b>Box 990, Farmington, New Mexico</b>		

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 GAS

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

RECEIVED  
OCT 02 1985  
OIL CON. DIV  
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 7	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee STATE	Lease No. E-178-6
Location Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line of Section 32 Township 32N Range 9W, 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"/> Conoco Inc. Surface Transporter	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 32N	Rge. 9W	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number

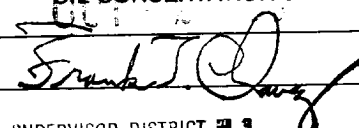
NOTE: Complete Parts IV and V on reverse side if necessary.

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)  
Senior Regulatory Analyst  
(Title)

OCT 1 1985  
(Date)

OIL CONSERVATION DIVISION  
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.