

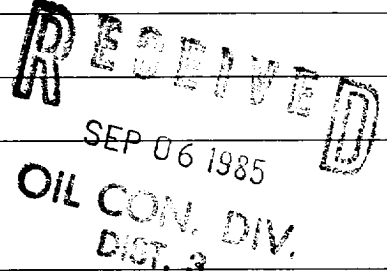
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |  |
|---|---|--|
| Operator<br><b>Tenneco Oil Company</b>  |   | <div style="text-align: center;">  </div> |
| Address<br><b>P. O. Box 3249, Englewood, CO 80155</b>   |   |  |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate | Well Name  |

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<br><b>Barnes LS</b>  | Well No.<br><b>2 A</b> | Pool Name, Including Formation<br><b>Blanco-MV</b> | Kind of Lease<br>State, Federal or Fee<br><b>USA SF</b> | Lease No.<br><b>078039</b> |
| Location  |                        |  |   |                            |
| Unit Letter <b>D</b> : <b>1050</b> Feet From The <b>N</b> Line and <b>1000</b> Feet From The <b>W</b> |                        |  |   |                            |
| Line of Section <b>22</b> Township <b>32N</b> Range <b>11W</b> NMPM, <b>San Juan</b> County           |                        |  |   |                            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

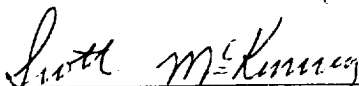
|   |   |                    |
|---|---|--------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br><b>Conoco Inc. Surface Transportation</b> | Address (Give address to which approved copy of this form is to be sent)<br><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"/><br><b>El Paso Natural Gas</b>        | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 4990, Farmington, NM 87499</b> |                    |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>D</b>  | Sec.<br><b>22</b>  |
|   | Twp.<br><b>32N</b>  | Rge.<br><b>11W</b> |
| Is gas actually connected?  |   | When               |
| <b>Yes</b>  |   |                    |

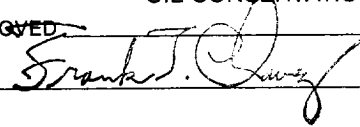
If this production is commingled with that from any other lease or pool, give commingling order number

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. Regulatory Analyst**  
(Title)  
**SEP 1 1985**  
(Date)

|  |                                |                    |
|--|--------------------------------|--------------------|
| OIL CONSERVATION DIVISION  |                                | <b>SEP 06 1985</b> |
| APPROVED   |                                |                    |
| BY   | SUPERVISOR DISTRICT # <b>3</b> |                    |
| TITLE  |                                |                    |
| This form is to be filed in compliance with RULE 1104.<br>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.<br>All sections of this form must be filled out completely for allowable on new and recompleted wells.<br>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.<br>Separate Forms C-104 must be filed for each pool in multiply completed wells. |                                |                    |

IV. COMPLETION DATA

|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion — (X) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res.v. | <input type="checkbox"/> Diff. Res.v. |
|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |

|                                    |                            |                             |                 |                   |              |
|------------------------------------|----------------------------|-----------------------------|-----------------|-------------------|--------------|
| Date Spudded                       | Date Compl. Ready to Prod. | Total Depth                 | P.B.T.D.        | Tubing Depth      | Perforations |
| Elevations (DF, RKB, RT, GR, etc.) |                            | Name of Producing Formation | Top Oil/Gas Pay | Depth Casing Shoe |              |

|                                      |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |
|---------------------------------|-----------------|---|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |