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 ΔND

MAR 0 71986

	PORT OIL AND NATURAL GAS OIL CON. DIV.
•	PICT 9
Operator	252/11
Tenneco Oil Company E & P WRMD	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	Well Name
f change of ownership give name El Paso Natural Gas, P.O. and address of previous owner	Box 4990, Farmington, NM 87499
I. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Form	State, Federal or Fee
Atlantic A LS 9 A Aztec-PC	NM 0606
Location	
Unit Letter C: 1185 Feet From The N	Line and Feet From The
Line of Section 27 Township 31N	Range 10W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. C 27 31N 10W	Is gas actually connected? When
If this production is commingled with that from any other lease or pool, give commingling order number	r
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	
Swith M= Kinney (Signalus) (Signalus)	TITLE SUPERVISOR DISTRICT #
(Signature) Sr. Regulatory Analyst	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.
MAR 1 1986	All sections of this form must be filled out completely for allowable on new and recompleted walls 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.
(Date)	Separate Forms C-1-04 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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OIL CONSERVATION DIVISION P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1	
		'n
MAR 0 7	1986	

Operator Tenneco Oil Company E & P WRMD P. O. Box 3249, Englewood, CO Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion _l oii Dry Gas Well Name Change in Ownership Casinghead Gas El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 if change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease USA Lease No. State, Federal or Fee Atlantic A LS 9 A Blanco-MV NM 0606 Location C 1185 1575 Unit Letter Feet From The eet From The 27 31N 10W Line of Section NMPM San Juan Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil
or Condensate Conoco Inc. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas ... or Dry Gas ... X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P. O. Box 4990, Farmington, NM 87499

Is gas actually connected?

Yes

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

Unit

C

27

Twp.

31N

Rae.

10W

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

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids,

give location of tanks.

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.

Sr. Regulatory Analyst

MAK

(Date)

	OIL CONSERVATION DINISTED OF 100C
APPROVED	WAR U 31986
BY	En 170)
TITLE	SUPERVISOR DISTRICT 3
	led in compliance with RIU F 1104

When

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 walls.

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.