STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEI	VED		
DISTRIBUTION	-		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
	OIL		
TRANSPORTER	GAS	T	
OPERATOR		T	
PRORATION OFFICE			

Sr. Regulatory Analyst

1 1986

MAR

(vare)

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

panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

or other such change of condition.

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.

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

MAR 0 71986

TRANSPORTER GAS		REQU		R ALLOWABLE	0 11 a				
OPERATOR				ND	CIL CI	ON. DIV.			
PRORATION OFFICE	AUTHOR	ZATION TO	TRANS	PORT OIL AND NA	ATURAL GAS	IST. 3			
1						101. 3			
Operator Tenneco Oil Company E	S P WRMD								
Address									
P. O. Box 3249, Englew	ood, CO 80	155							
Reason(s) for filing (Check proper box)	eason(s) for filing (Che:k proper box)				Other (Please explain)				
New Well Change in	Transporter of:								
Recompletion Oil	Oil Dry Gas								
Change in Ownership Casi	nghead Gas	Cond	ensate	Mell	Well Name				
If change of ownership give name E and address of previous owner	l Paso Natu	ıral Gas,	P.O.	Box 4990, Fa	armington, NM	87499			
II. DESCRIPTION ()F WELL AND	LEASE Well No.	Pool Name, Inc	luding Form	ation	Kind of Lease	USA	Lease No.		
Scott LS	3 A	Blanco-		4,0,0	State, Federal or Fee	SF	078604		
	Ј Л	Dianeo	110				070004		
Location	1000		s		1090	. E			
Unit Letter :	1800	_ Feet From The		Line and	1090	Feet From The			
Line of Section 29	Township	32N		Range 10k	, NMPM,	San Juan	County		
	TED OF OU AL	UD NIATUDA	1 046						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc. Surface Transportation			P. O. Box 460, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas 🗆 or Dry Gas 💢				Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas		,		P. O. Box	4990, Farming	ton, NM 87499)		
	Unit Sec.	Twp.	Rge.	Is gas actually connected	ed? When				
If well produces oil or liquids, give location of tanks.	I 29	32N	10W	Yes					
If this production is commingled with that from an	y other lease or pool, g	ive commingling	order numbe	r			· · · · · · · · · · · · · · · · · · ·		
					•				
NOTE: Complete Parts IV and V o	n reverse side	ii riecessary	.						
VI. CERTIFICATE OF COMPLIAN	DE .			11	OIL CONSERVAT	TION DIVISION			
I hereby certify that the rules and regulations of		Division have her	en complied	APPROVED	7/	-R 17 198	£ 19		
with and that the information given is true and	complete to the best	of my knowledge	e and belief.		17	17 17 1, 199	3 /7 T		
• • • • • • • • • • • • • • • • • • • •	•			BY		Dry J.	Swy /		
1	•			TITLE		SUPERVISOR DISTR	CT #8 3 ()		
Stort Mokum				1					
200 - 10 v xxx	2014			11	iled in compliance with RULE		form much be seen		
(SIG	(aller)			If this is a request !	for allowable for a newly dril	iea or deepenea well, this	IOTTI MUST DE ACCO		