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

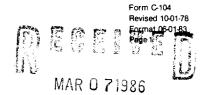
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOIL CON. DIV.

<u> </u>							DIST. 3	· · · · · · · · · · · · · · · · · · ·
Operator	D LIDAG						(
Tenneco Oil Company E &	P WKMD							·
Address	٠, ۵۵ م	0155						
P. O. Box 3249, Englewoo	od, CO 8	0155			Lau sa			,
Reason(s) for filing (Check proper box)		Other (Please ex	piain)					
New Well Change in Tran	nsporter of:	<u></u>			1			
Recompletion Oil		Dry G	as					
Change in Ownership Casinghe	ead Gas	LX Cond	ensate		Well N	ame		
and address of previous owner		ural Gas	, P.O.	Box 4	990, Farm	ington, I	NM 87499	
I. DESCRIPTION OF WELL AND LEA Lease Name	ASE Well No.	Pool Name, Inc	luding Form	tion		Kind of Lease	1100	Lease No.
		_	-	THO!		State, Federal o		
Atlantic A Location	6 A	Blanco	-PC			L	NM	0606
. 🗸	20	Feet From The	N		Line and	1120	Feet From The	W
Line of Section 26	Township	31N		Range	10W	, N	мрм, San Juan	County
III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Oil or Conde Conoco Inc. Surface Tran Name of Authorized Transporter of Casinghead Gas El Paso Natural 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) P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When							
If well produces oil or liquids, give location of tanks.	F 26	31N	10W		Yes	į		
If this production is commingled with that from any off NOTE: Complete Parts IV and V on I	her lease or pool, g	live commingling					-	
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the with and that the information given is true and com	APPROVED OIL CONSERVATION DIVISION 7 1986 BY Stank							
lott M=Kinny	TITLE							
Sr. Regulatory Analyst	•						taken on the well in accord	
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. Separate Forms C-104 must be filed for each pool in multiply completed wells.							

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

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TRANSPORTER	GAS	Τ
OPERATOR		Τ
PRORATION OFFICE		T

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



REQUEST FOR ALLOWABLE

OIL COM BIN

	GAS	- 				Δ. Δ.	ND.			IF CPUSS	JIV.	
OPERATOR	. — —	 	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3									
PRORATION OFFICE	·		AU	HORIZ	ATION TO	IHANSE	ORI OIL	AND NATUR	AL GAS	DIO1. 0		
<u>l</u>												
Operator	_											
Tenneco Oi	1 Comp	any E &	P WRI	MD	<u></u>							
Address												
P. O. Box	3249,	Englew	ood, C	0 80	155							
Reason(s) for filing (C	heck proper	box)						Other (Please ex	(plain)			
New Well		Change in 1	ransporter	of:								
Recompletion		Oil			Dry G	as						
		=	ghead Gas		KZ1	ensate		Well N	ame			
Change in Owner	rsnip	L Casiii	grieau Gas		<u> </u>	5113010						
If change of ownership and address of previo		E	l Paso	Natu	ral Gas	, P.O.	Box 49	90, Farm	ington, N	1 87499		
and document proving	_											
II. DESCRIPTION	N OF WE	LL AND L	EASE									
Lease Name			We	li No.	Pool Name, Inc	luding Forma	ation	tion Kind of Lease USA Lease State, Federal or Fee				
Atlantic A	LS			5 A	Blanco-	-MV			State, Fourth of	NM	0606	
Location			<u>-</u>									
	Ε		1520		Feet From The	N		Line and	1120	Feet From The	W	
Unit Letter					. Feet From The			Line and				
Line of Section	26		Townsh	ip	31N		Range	10W	, NMF	_{M,} San Juan	County	
III. DESIGNATIO	N OF TE	RANSPOR	TER OF	OIL AN	D NATURA	L GAS_						
Name of Authorized Tr	ransporter of	Oil 🗆 or Co	ndensate 💢				Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc			•				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					
			Unit	Sec.	Twp.	Rge.	Is gas actua	ally connected?	Whe	n		
If well produces oil or			E	26	31N	10W		Yes	ļ			
give location of tanks.			<u> </u>	<u> </u>		1						
If this production is con	nmingled wit	h that from any	other lease	or pool, giv	e commingling	order numbe	· ——					
NOTE: Complete	Parts I	V and V o	n reverse	side il	necessar	<i>l</i> .						
HOTE. Complet	C i ui io i	- and v o	,	. J								
VI CERTIFICAT	E OE CC	NADI IANI	`E				H	(OIL CONSERV	ATION DIVISION		
VI CERTICIONI		ソタリン アリン・メル	<i>_</i> _				T1	,				

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

> MAR 1 1986

> > (Date)

APPROVED BY SUPERVISOR TITLE

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 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.