STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.

LAND OFFICE

TRANSPORTER

GAS

OPERATOR

PRORATION OFFICE

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

	ϵ	
Operator Toward Of L. Company		Consell
Tenneco Oil Company	001 02 1585	ļ
P. O. Box 3249, Englewood, CO 80155	OLCON DE	/
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	DIST. 3	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
ff change of ownership give name El Paso Natural Gas, P. and address of previous owner El Paso Natural Gas, P.	O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formatic	on Kind of Lease USA	Lease No.
Lease Name	State, Federal or Fee	078316G
Jan Juan Je J Jin V	eu citis	1
Location F . 1820 Feet From The North	Line and 830 Feet From The	West
Unit Letter E: 1820 Feet From The North	Line and 830 Feet From The	
Township 31N	Range 10W , NMPM, San Juan	County
Line of Section 13 Township 31N	nailye	
THE THE PROPERTY OF OUR AND NATURAL GAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Compace Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas \$\infty\$	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 8749	99
Unit Sec. Twp. Rge.	is gas actually connected? When	
If well produces oil or liquids, E 13 31N 10W	Yes	
give location of tanks. E 13 1 31N 10N 1 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.		
1	OIL-CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	APPROVED - 2 1985	, 19
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.	5	
with and that the information given is tide and complete to the	BY	
	SUPERVISOR DISTRICT 第3 ()	
in the mail		
Mr Mr Kmay	This form is to be filed in compliance with RULE 1104.	e form must be seen
(Signature)	If this is a request for allowable for a newly drilled or deepened well, thi panied by a tabulation of the deviation tests taken on the well in accordance	e with RULE 111.
Senior Regulatory Analyst	All sections of this form must be filled out completely for allowable on new	and recompleted wa
(Trie)	Fill out only Section I, II, III, and VI for changes of owner, well name and or	number, or transpor
OCT_1 1985	or other such change of condition.	weils.
(Dale)	Separate Forms C-104 must be filed for each pool in multiply completed	mund.