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

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| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | | | |
| IRANSFORIER | GAS | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |

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

Form C-104 Revised 10-01-78 MAR 0 71986

OIL CON. DIV. Format 06-01-83

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

| l. | 7.0 | | 11101110 | 11171101 | OIII OIL | AND NATO | ing and Di | ST. 3 | |
|--|-------------|----------|--|---|-------------|---|-----------------------|-------------------|-----------|
| Operator | 6 0 110 | | | | | | | | |
| Tenneco Oil Company E | G P WK | MU | | | | | | | |
| Address P. O. Box 3249, Englew | ood, C | 0 801 | 55 | | | | | | |
| Reason(s) for filing (Check proper box) | | | | | | Other (Please ex | (plain) | | |
| New Well Change in | Transporter | of· | | | | | | | |
| Recompletion Oil | | | Dry G | as | | | | | |
| Change in Ownership Casinghead Gas Condensate | | | | | Well Name | | | | |
| | | | | | | <u> </u> | | | |
| If change of ownership give name and address of previous owner | l Paso | Natur | al Gas | , P.O. | Box 4 | 990, Farm | ington, NM | 87499 | |
| and address of previous owner | | | | | | | | | |
| II. DESCRIPTION OF WELL AND | EASE | | | | | | | | |
| Lease Name | | II No. P | ool Name, Inc | luding Forma | ition | | Kind of Lease | USA | Lease No. |
| Atlantic A LS | | 17 | Blanco- | -PC | | | State, Federal or Fee | NM | 0606 |
| Location | | | | | | | <u> </u> | | |
| Unit Letter | 1770 | F | Feet From The | S | | Line and | 1770 | Feet From The | |
| | | | | *************************************** | | Enicand | | r eet rioiii riie | |
| Line of Section 27 | Townsh | ip | 31N | | Range | 10W | , NMPM, | San Juan | County |
| | | | | | | | | | |
| III. DESIGNATION OF TRANSPOR | | OIL AND | NATURA | L GAS | | | | | |
| | | | | | | ss (Give address to which approved copy of this form is to be sent) | | | |
| | | | | | | 0, Hobbs, N | | | |
| 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. 0 | D. Box 49 | 90, Farming | ton, NM 8749 | 9 |
| | Unit | Sec. | Twp. | Rge. | Is gas actu | ally connected? | When | | |
| If well produces oil or liquids, give location of tanks. | ļ J | 27 | 31N | 10W | | Yes | į | | |

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 |
| Sr. Regulatory Analyst |
| MAR 1 1986 |
| (Date) |

| 18 | |
|----------|---------------------------|
| | OIL CONSERVATION DIVISION |
| APPROVED | MAR 0 7 1996/. 19 |
| | |
| BY | Drank . Save |
| | SUPERVISOR DISTRICT TO 3 |
| TITLE | 205EKAI2OK DISTRICT TO A |

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.