STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	П.
	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

REQUEST FOR ALLOWABLE AND ALITHOPIZATION TO TRANSPORT OIL AND NATURAL GAS

ANTHONIZATION OF THE MILES		
Operator	- paring n	
Tenneco Oil Company		
Address		
P. O. Box 3249, Englewood, CO 80155	Other (Please explain)	
New Well Change in Transporter of:	On JOH. DIV.	
Recompletion Oil Dry Gas Y Share in Comparable Casinghead Gas Condensate	p!\$7. 3	
Change in Ownership Casinghead Gas X Condensate		
It change of ownership give name El Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease IIC A Lease No.	
Lease Name Well No. Pool Name, including Portletti	State, Federal or Fee	
San Juan 32-9 Unit 32A Blanco Mesa \	<u>/erde</u>	
Location		
Unit Letter C: 790 Feet From The Nort	th Line and 800 Feet From The West	
Line of Section 31 Township 32N	Range 9W NMPM San Juan County	
AND AND MATURAL CAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil G or Condensate X	SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)	
me of Authorized Transporter of Oil 3		
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)	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499	
Unit Sec. Twp. Rge.	ts gas actually connected? When	
ff well produces oil or liquids, give location of tanks.	Yes	
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	OIL CONSERVATION DIVISION	
Approble certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED		
with and that the information given is true and complete to the best of my knowledge and belief.		
BY STEEL OF THE ST		
TITLE		
This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
Senior Regulatory Analyst	panied 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 walks	
(Title)		
<u> </u>	or other such change of condition.	
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	

