## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	EIVED	
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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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

U.5.G.S.													
LAND OFFICE	OIL				DEOUE	OT FOR	ALL (0)(A)	ADIE					
TRANSPORTER	GAS		REQUEST FOR ALLOWABLE AND										
OPERATOR PRORATION OFFICE		+-	AUTH	IORIZAT	TON TO 1			AND N	ATURAL G	AS	051	WE!	<i>m</i>
											<u> </u>		+++
Operator												į	
Tenneco	<u>0i</u>	Cor	npany								CT 02 13	85	
Address		2040	F==1=100	4 (0	80155							itsis∳	
P. O. B	OX .	3249	, Englewood	<u>1, co</u>	80133			Other (Pie	ase explain)	Cit	E. S.	131 V.	
Reason(s) for filing (Che	eck pro		to Tono an autor of								Dish. 8		
New Well		Ch.	ange in Transporter of:  Oil		Dry Ga	S							
Recompletion  Change in Owners!	hi.	F	Casinghead Gas		X Conde								
X Change in Ownerst	шр								_		NM 074	00	
If change of ownership g and address of previous	jive nar s owner	me 	El Pas	o Natu	ural Ga	s, P.	0. B	ox 499	90, Fai	rmington	NM 874	99	
II. DESCRIPTION	OF V	VELL	AND LEASE						Kind	of Lease		—	Lease No.
Lease Name Well No.										e, Federal or Fee	STATE		-3150-1
San Jua	an 3	2-9	Unit 2	9A	Blanc	o Mesa	verde				JINIE		
Location			1770			Nort	·h		J 1520	ה ה	Feet From The	West	
Unit Letter			_: <u>1770</u>	F	eet From The	NOT	,11 <u> </u>	Line an	10	<u> </u>			
Line of Section 36	2		Township		32N		Range		10W	, NMPM,	San Ju	ıan	County
Line of Section 30			TOWNSHIP		<u> </u>				_				
III DESIGNATION	I OF	TRAN	SPORTER OF C	IL AND	NATURA	L GAS				award again of this	form is to be sent	<u> </u>	
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)					
Conoco Inc. Surface Transporter							P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)						
Conoco Inc. Surface Transporter  Name of Authorized Transporter of Casinghead Gas □ or Dry Gas							P. O. Box 4990, Farmington, NM 87499						
El Pas	o Na	tura	al Gas	Sec.	Twp.	Rge.	is gas ac	ually connec	Cted?	When	9 00113 1111		
If well produces oil or li	iquids.		!	l .	32N	10W		25					
give location of tanks.				36_				. <u></u>					
If this production is com													
NOTE: Complete	Part	s IV a	nd V on reverse	side if r	necessary	<b>'.</b>							
VI. CERTIFICATE	E OF	СОМ	PLIANCE	nation Nivi	ision have be	en complied	APPR	OVED		ONSERVA 1 - 2 1	TON DIVISIO	)N ,	, 19
I hereby certify that the with and that the inform	rules a mation	given is	true and complete to t	he best of n	my knowledge	e and belief.	BY		Sra	ada J. (	Lave /		
	Λ						B'		euncoul	SOR DISTRICT	m 3 ()		
	V	1.	Mac (1)				TITLE		ZUPERVI	ON DISTRICT	<u> </u>		
Sitt M-Kimin							This form is to be filed in compliance with RULE 1104.						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Signature)	<del>/                                    </del>			11		at for allowah	a for a newly dri	led or deepened v	well, this for	m must be acco th RULE 111.
Senior Regulatory Analyst							panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All accions of this form must be filled out completely for allowable on new and recompleted was						
OCT 1 1985							Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport or other such change of condition.						
(Date)								Separate Forms C-104 must be filed for each pool in multiply completed wells.					

(Date)

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