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

LAND OFFICE			1	I									
TRANSPORTER	GA:		+	Į	REQUEST FOR ALLOWABLE								
OPERATOR	1	- -	+				A٨						
PRORATION OFFICE		+	+	AU	THORIZ	ATION TO	TRANSP	ORT OIL	AND NATU	RAL GAS	- 6 70 5	7 5	
1				, ,,,,						W E L	EIV	<u> </u>	
Operator											5.5.5	U	
Tennec	o 01	i]	Con	npany						<u> </u>	<u>নন 1085</u>		
Address			-							וטט	02 1985		
P. 0.	Box	32	49,	, <u>Englewo</u>	od, C	0 8015	5		· · · · · · · ·		ON D	IV	
Reason(s) for filing (CI	heck pr	roper	box)						Other (Please e		O1 11 "	,	
New Well			Cha	inge in Transporter	of:					D	IST. 3		
Recompletion			لہا	Oil		☐ Dry G	as						
Change in Owner	ship			Casinghead Gas		X Cond	ensate						
if change of ownership and address of previou	us own	er			so Na	tural G	as, P	. O. B	ox 4990,	Farmingto	n, NM 8	7499	<u></u>
II. DESCRIPTION	OF	WE	LL F	AND LEASE	fell No.	Pool Name, inc	duding Forma	ition		Kind of Lease			Lease No.
Lease Name				1						State, Federal or F	e STAT	(F	B11127-
San Ju	an	<u> 32-</u>	.9	<u>Unit</u>	30A	<u>Blanco</u>	<u>Mesa</u>	verde					1111177-
Location							_		1	C10		Eact	+
Unit LetterJ			:	: <u>1450</u>		Feet From The	Sou	tn	Line and _1	010	_ Feet From The		
Line of Section 3	86			Towns	hip	32N		Range	1	OW , NMP	м. San	Juan	County
III. DESIGNATIO	N OF	TF	RANS	SPORTER OF	OIL AN	D NATUR/	AL GAS	Address (Give address to wi	hich approved copy of t	his form is to be:	sent)	
Name of Authorized Tr				•				1					
Conoco Inc. Surface Transporter Name of Authorized Transporter of Casinghead Gas C or Dry Gas A								Address (Give address to wi	460, Hobbs	his form is to be	sent)	
Name of Authorized Tr	ranspor	ter of	Caşin	ighead Gas ☐ or l	Dry Gas			1					499
El Pas	so N	lati	ura	1 <u>Gas</u>				P.	. 0. Box tually connected?	4990, Farm	ington, i	VIVI 07	433
			-	Unit	Sec.	Twp.	Rge.	•		1			
If well produces oil or give location of tanks.		·			: 36	32N	10W	Ye	es				
If this production is con	nmingk	ed wit	h thist	from any other leas	e or pool, giv	e commingling	order number						
NOTE: Complet													
								11		OIL CONSERV	ATION DIVIS	SION	
VI. CERTIFICATE OF COMPLIANCE					II) 100r		10			

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.

Senior Regulatory Analyst

(Date)

APPROVED OIL CONSERVATION DIVISION

APPROVED 195

BY SUPERVISOR DISTRICT #13

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.