STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE	E	T

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l							
Operator Tenneco Oil Company	E & P WRMD					-	
Address							
P. O. Box 3249, Engl	.ewood, CO	80155					
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well Change in Transporter of:							
Recompletion	Dil	☐ Dry	Gas	ļ			
Change in Ownership Casinghead Gas Condensate			Well Name				
of change of ownership give name and address of previous owner	El Paso Na	atural Ga	s, P.O.	Box 4990, Farm	ington, NM 87499		
I. DESCRIPTION OF WELL AN	D LEASE Well No.	Pool Name Is	ncluding Form	otion			
Atlantic B LS	25	1		alion	Kind of Lease State, Federal or Fee	Lease No.	
Location	23	Blance	J-PC		SF	080917	
Unit Letter H	1535	Feet From Th	ne N	Line and	1090 Feet From TheE		
Line of Section 33	Township	31N		Range 10W	, _{NMPM,} San Juan	County	
IL DECICALATION OF TRANSPO		AND MATUR					
II. DESIGNATION OF TRANSPO	JRIER OF OIL /	AND NATUR	AL GAS	Address (Give address to which	h approved copy of this form is to be sent)		
Conoco Inc. Surface Transportation							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X			P. O. Box 460, Hobbs, NM 88240 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.	Is gas actually connected?	When	·	
If well produces oil or liquids, give location of tanks.	Н 3:	:	10W	Yes			
this production is commingled with that from	any other lease or pool.	, give commingling	order number				
NOTE: Complete Parts IV and \	/ on reverse sid€	e if necessar	y.				
/I. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been complied				APPROVED O	OIL CONSERVATION DIVISION 86	10	
rith and that the information given is true and complete to the best of my knowledge and belief.			BY				
Stott M= Kinner			TITLE SUPERVISOR DISTRICT # 3				
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deceased well, this form must be seen.				
r. Regulatory Analyst			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.				
MAR 1 1986			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 mus	st be filed for each pool in multiply completed we	lls.	