

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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APR 14 1986

OIL CON. DIV.
DIST. 2

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company WRMD	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filling (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Well Name	

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic A LS	Well No. 13	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee State	Lease No. Fee
Location				
Unit Letter B	: 900	Feet From The North	Line and 1670	Feet From The East
Line of Section 26	Township 31N	Range 10W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

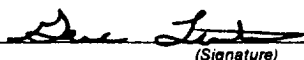
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P.O. Box 460 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 4990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit B Sec. 26 Twp. 31N Rge. 10W	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

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.



(Signature)

Administrative Analyst

APR 1 - 1986

(Date)

OIL CONSERVATION DIVISION APR 14 1986

APPROVED _____, 19
BY 
TITLE **SUPERVISOR DISTRICT 2**

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 wells.

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.