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	NEW MEXICO OIL CONS	ERVATIO	N COMMIS	SION	1	Form C-104	
SANTA FE	REQUEST FOR	RALLOW	ABLE				d C-104 and C-
FILE	Al	ND				Effective 1-1-6	
u.s.g.s. AUTHOR	IZATION TO TRANSF	PORT OIL	_ AND NA	ATURAL G	AS		
LAND OFFICE				R	ECI	EIVE	D
TRANSPORTER GAS GAS		C					
OPERATOR 6					OCT !	5 1966	
PRORATION OFFICE							
Operator						C. C.	
Tenneco Oil Company				··································	ARTESI	A, OFFICE	
Box 1031 Midland, Texas Reason(s) for filing (Check proper box)		Othe	er (Please e	explain)			
1	ransporter of:				4.0	+ 11	
Recompletion Oil	Dry Gas		Chan	gi zocar	con y	anks	
Change in Ownership Casinghead	Gas Condensate		Change	ge locat Lease State L	lame → 4	week -	
If change of ownership give name			1			 	
and address of previous owner							
Lease Name /	ool Name, Including Forma	tion	11	(ind of Lease	,		Lease No.
y- y west coop, as.	,		1.	State, Federa		State	B-SIL
Grayburg Jackson We. Unit 11	- Crayburg Jackso	n				state	12 3/7
	The <u>north</u> Line and	330	0	Feet From 7	Γhe	west	
Line of Section 28 Township 17-9		9-E	, NMPM,		ddv		County
Eme of Section 20 Township 1/2	Trunge	<u> </u>	, retest test	<u>-</u>	uu y		
DESIGNATION OF TRANSPORTER OF OIL A		danna (Cina		which appear	d	f this form is	to be sent
	_	,				j this form is	to de sent)
Texas New Mexico Pipeline Co.	F	Box 151	0 Midl	and, Tex	as	f this form is	es ha samel
Name of Authorized Transporter of Casinghead Gas	or Dry Gas Ad			•			
Phillips Pet. Co.		Rm B-2	, Phill	ips Bldg	. 0de	ssa, Tex	as
If well produces oil or liquids, Unit Sec.	Twp. Rge. Is	gas actuati	y connected	iγ ¦wini	mat co	mpletion	L
1 4 4 1 20	1 17 0 20 7						
give location of tanks.	17-S 29-E	Ye		pro			ng fac.
If this production is commingled with that from any				pro			
If this production is commingled with that from any COMPLETION DATA	other lease or pool, give	comming		pro		o existi	ng fac.
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J. F. Carnes

(Signature)

(Title)

(Date)

Dist. Prod. Eng.

Sept. 29, 1966

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alle able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi