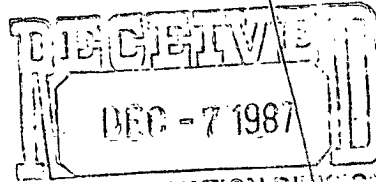


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

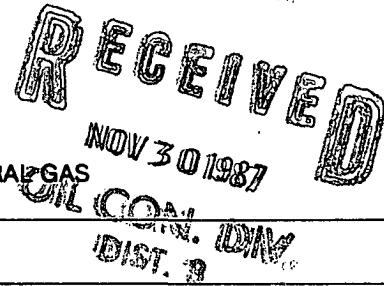
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| NO. OF COPIES RECEIVED | |
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| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL |
| | <input type="checkbox"/> GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |



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

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 | |
| Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter Effective 12-01-87 |
| Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas | |
| <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|------------------------|---|--|---------------------------|
| Lease Name Allen A | Well No. 1 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter D | 790 | Feet From The N | Line and 790 | Feet From The W |
| Line of Section 1 | Township 29N | Range 12W | 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"/> CONOCO | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 460 HOBBS, NM 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4990 FARMINGTON, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 1 |
| | Tw. 29N | Rge. 12W |
| Is gas actually connected? _____ When _____ | | |

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.

Michael D. Gammon
Senior Administrative Analyst
(Title)
November 25, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED **NOV 30 1987**, 19____
BY
TITLE **SUPERVISION 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 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.