STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Sr. Administrative Analyst

(Date)

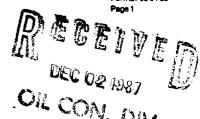
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| U.S.G.S. | | |
| LAND OFFICE | | T_{-} |
| TRANSPORTER | OIL | |
| | GAS | T |
| OPERATOR | | |
| PRORATION OFFIC | E | 7 |

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



| OPERATOR | | | | | ND | | O | Il ma. | • | |
|--|----------------------|--------------|--|---------------|---------------------------|--|--|---------------------|--|--|
| PRORATION OFFICE | AU | THORIZ | ZATION TO | TRANS | PORT OIL | AND NATUR | RAL GAS . • | IL CON. D | 33. | |
| | | | | | | | | Dist 3 | 14 | |
| Tenneco Oil Compar | ıy | | | | | | , | | ा । जन्म बर्ग | |
| Address | | | | | | | | | | |
| P.O. Box 3249, End | nlewood. C | 0 80 | 155 | | | | | | | |
| Reason(s) for filing (Check proper box) | | | | | | Other (Please explain) | | | | |
| New Y/ell Change in Transporter of: | | | | | | change of condensate transporter from | | | | |
| Recomplation | Oil | ii Dry Gas | | | | Gary Energy to Conoco effective 12/1/87 | | | | |
| Change in Ownership | Casinghead Gas | | Cone | densate | | | | | | |
| | | | | | | | | | | |
| If change of ownership give name and address of previous owner | | | | | | | | | | |
| end address of previous owner | | | | | | | | | | |
| II. DESCRIPTION OF WELL A | ND LEASE | | | | | | | * Jicarilla | | |
| Lease Name | W | eli No. | Pool Name, Including Formation Undes. Gallup | | | | Kind of Lease State, Federal or Fee | | Lease No. | |
| Jicarilla A | | 5 | | | | | | Indian | * | |
| Location | | | | | | | | | | |
| Unit Latter G | · 1750 | | Feet From Th | . Nort | th | Line and | 450 | Feet From The East | | |
| Olin Carrell | • | | | | | | | | | |
| Line of Section 20 | Towns | nip 2 | 6N | | Range | 5W | , NMPM, | Rio Arriba | County | |
| | | | | | | | | | | |
| III. DESIGNATION OF TRANS | SPORTER OF | OIL AN | ID NATUR | AL GAS | | | | | | |
| Name of Authorized Transporter of Oil | or Condensate | | | | Address (G | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Conoco | | | | | P.0. | P.O. Box 460, Hobbs, NM 88240 | | | | |
| Name of Authorized Transporter of Casing | phead Gas 🗆 or D | ry Gas X | | | Address (G | sive address to which | ch approved copy of this | form is to be sent) | | |
| Northwest Pipeline | 2 | | | | P.0. | Box 90, | Farmington, | NM 87401 | | |
| | Unit | Sec. | Twp. | Rge. | Is gas acti | ually connected? | When | | | |
| If well produces oil or liquids, give location of tanks. | i G | 20 | 26N | 5W | Yes | | | | | |
| If this production is commingled with that | from any other lease | or pool, giv | ve commingling | order numb | er | | | | | |
| NOTE: Complete Parts IV an | d V on reverse | e side ii | f necessar | у. | | | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | | | OIL CONSERVATION DIVISION | | | | | |
| I hereby certify that the rules and regulat | ions of the Oil Cons | ervation D | livision have be | een complie | d APPRO | OVED | | nem (| 3,19134 | |
| with and that the information given is tri | ue and complete to | the best o | f my knowledg | ge and belief | f. | | `` | THEY I'V | <i>⊕</i> , , , , , , , , , , , , , , , , , , , | |

BY

TITLE

or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

If this is a request for allowable for a newly drilled or deepened well, this form must be accom-

panied 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,

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT