STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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

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

TRANSPORTER	OIL GAS			REQ	UEST FO	R ALLOV	VABLE				
OPERATOR		 			A	ND					
PRORATION OFFICE			AUTHOR	IZATION TO	TRANS	PORT OF	L AND NATU	RAL GAS	^		
1.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				100 m		
Operator											
Tenneco Oil (Compar	1V	<u> </u>						M YE	3 N	
Address	,								000		
P.O. Box 3249			CO 801	55					1, 0	<u> </u>	
Reason(s) for filing (Che	ck proper t	ox)					Other (Please e)	(plain)	({ ₁₀₀	~ 1.11	
New Well		Change in Trans	porter of:				l		1, (1)	5 <i>29</i>	
Recompletion		Oil		Dry (Gas				But to In		
	.1	$\overline{\Box}$								1	
Change in Ownersh	пр	Casinghea	iu Gas	Conc	iensate		<u> </u>			<u>F</u>	
If change of ownership gi and address of previous	owner			ral Gas	Compan	y, P.O	. Box 499	O, Farmi	ngton, NM 87	499	
Lease Name	OF WEL	L AND LEA	Well No.	Pool Name, In	cludina Form	nation		Kind of Lease		Leas	e No.
l comment								State, Federal	or Fee USA		•
SJ 28-7 Unit			181	Basin	Dakota				SF	0789	979
Location									Ψ.	0,0.	J1 Z
Unit Letter	1	:_1180	.	Feet From The	- Sou	th	Line and	820	Feet From The _	est	
Line of Section	3		Township	2.7N		Range		, N	MPM, Rio Arr	i ba	County
III. DESIGNATION					AL GAS	1.0.4				LDQ	
Name of Authorized Trans	sporter of O	∥ ⊔ or Conden	xate ⊔ X			Aggress (0	ive address to whic	en approved copy	of this form is to be sent)		
Conoco Inc. S Name of Authorized Trans	urfac	e Transp	ortation	}	_	P.O.	Box 460	Hobbs	of this form is to be sent)		
Name of Authorized Frans	sporter of C	asingnead Gas 🗆	or Dry Gas 🗆	ť		Address (ave accress to write	n approved dopy	or this torm is to be sent)		
<u> l Paso Natur</u>	al Ga	s Compan	y	· · · · · · · · · · · · · · · · · · ·	10	P.O.	Box 4990	. Farmin	ston, NM 874 9	}9	
If well produces oil or liquigive location of tanks.		- M	Sec.	7 7 N	Rge.	is gas act	Yes	•	wei)		
If this production is commi	ingled with t	that from any othe	r lease or pool. o	ive commingling		r			<u></u>		
NOTE: Complete I	-	-									

VI. CERTIFICATE OF COMPLIANO	VI. (CERTII	FICATE	OF C	OMP	LIANC	Œ
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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.

Sr. Regulatory Analyst

OIL CONSERVATION DIVISION
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BY SUPERVISOR DISTRICT TITLE

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 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 must be filed for each pool in multiply completed wells.