

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
OCT 02 1985  
OIL CON. DIV.  
DIST. 3

Operator Tenneco Oil Company - [REDACTED]	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (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 checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

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 SJ 28-7 Unit	Well No. 182	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 078496
Location				
Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>27N</u> Range <u>7W</u> NMPM, <u>Rio Arriba</u> 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 checked="" 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? When
Unit <u>A</u> Sec. <u>3</u> Twp. <u>27N</u> Rge. <u>7W</u>	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]*  
(Signature)

Sr. Regulatory Analyst

OCT 1 1985

(Title)

(Date)

OIL CONSERVATION DIVISION  
APPROVED *[Signature]*, 19  
BY *[Signature]*  
TITLE SUPERVISOR 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.