## 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 ALLOWARIE

GAS	ALLOWABLE
	ND // A A
PROPATION OFFICE AUTHORIZATION TO TRANSI	PORT OIL AND NATURAL GAS
l.	
Operator	OCTO2 Other (Please explain)  Other (Please explain)
	$Q_{CT}$
Tenneco Oil Company - Tour	<u> </u>
Address	0/1 / 1985
P.O. Box 3249. Englewood. CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	•
Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
A	
If change of ownership give name	
and address of previous ownerEl Paso Natural Gas Company	y, P.O. Box 4990, Farmington, NM 87499
· ·	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Form	ation Kind of Lease No.
Otero	State, Federal or Fee USA
SJ 28-7 Unit 240 <del>Large</del> Chacra	NM 03521
Location	03321
Unit Letter Feet From The Sout	th Line and 800 Feet From The West
Line of Section 20 Township 27N	Range 7W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil  or Condensate	Address (Give address to which approved copy of this form is to be sent)
X	,
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas Cor Dry Gas ()	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 🗀 " or Dry Gas 🗋 "	Address (Give address to which approved dopy of this form is to be sent)
7	
Fl Paso Natural Gas Company   TSec.   Twp.   Rge.	P O Box 4990, Farmington, NM 87499
If well produces oil or liquids,	
give location of tanks. M 20 27N 7W	Yes
If this production is commingled with that from any other lease or pool, give commingling order number	. = 5
If this production is committingled with that from any other lease of pool, give committinging order number	
NOTE: Complete Parts IV and V on reverse side if necessary.	
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VII. OF DETICATE OF COMPLIANCE	II OU CONOEDVATION DIVIDION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVED
with and that the information given is true and complete to the best of my knowledge and belief.	
^	BY Srank
/)	ave /
/1	TITLE SUPERVISOR DISTRICT TO S
shott Mothing	
John - 1.1. Johnson	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-
Sr. Regulatory Analyst	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
71. NEGUTALUT Y HIRLYSE	All sections of this form must be filled out completely for allowable on new and recompleted walls
∩CT 1 1985°	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.
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.