## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	VED	
DISTRIBUTION		
SANTA FE		
FILE		7
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPATION OFFICE		

## 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.

<u>I.</u>	P - P - P - P - P - P - P - P - P - P -	
Operator		
Tenneco Oil Company - Address	· U	
	16 1 02 1985 <b>19</b>	
P.O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)  Other (Please explain)		
New Well Change in Transporter of:	DIV.	
Recompletion Oil Dry Gas		
Change in Ownership Casinghead Gas Condensate		
If change of ownership give name and address of previous owner <u>Fl Paso Natural Gas Company, P.O. Box 4990, Farmir</u>	gton, NM 87499	
	, , , , , , , , , , , , , , , , , , ,	
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease	Lease No.	
State, Federal o	rFee USA	
SJ 28-7 Unit 100 Basin Dakota	NM 03560	
Market A 1 000 Supports Novelle 11 1000	·	
Unit Letter A: 800 Feet From The North Line and 940	Feet From The Fast	
Line of Section 30 Township 2.7N Range 711 N	APM, Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil  or Condensate  X  Address (Give address to which approved copy of this form is to be sent)		
Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved dopy to	M. 88240	
	i inis form is to be serily	
Fl Paso Natural Gas Company P.O. Box 4990, Farming P.O. Box 4990, Farming W. Is gas actually connected?	ton, NM 87499	
If well produces oil or liquids, give location of tanks.		
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 II OIL CONSER	VATION DIVISION	
-AAT (1) 1) "	VATION DIVISION	
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.	, 19	
BY Stanker.	Save /	
TITLE SUPERVISOR DISTRI	om <b>≆ 3 ()</b>	
Mat Mile		
This form is to be filed in compliance with I		
If this is a request for allowable for a newly	rdrilled or deepened well, this form must be accom- aken on the well in accordance with RULE 111.	
Title) All sections of this form must be filled out co	All sections of this form must be filled out completely for allowable on new and recompleted walls.	
OCT 1 1985  Fill out only Section I, II, III, and VI for chang or other such change of condition.	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,	
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	