STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

NO. OF COPIES RE	CEIVED	
DISTRIBUTION	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	•	
PRORATION OFFIC	F	

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
ALITHORIZATION TO TRANSPORT OF AND NATURA

AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS		
<u>l.</u>	REPENS OF THE PROPERTY OF THE		
Operator	w so state		
Tenneco Oil Company -			
Address	OCT 02 1985		
P.O. Box 3249, Englewood, CO 80155			
Reason(s) for filling (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	DIST. 3		
Recompletion Oil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner Fl Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499			
Lease Name Well No. Pool Name, Including Forma			
J 28-7 Unit 57 Blanco-MV	State, Federal or Fee USA		
Location 57 BTAITICO-41V	SF 078500		
Unit Letter G : <u>1840</u> Feet From The <u>Nort</u>	h Line and 1460 Feet From The Fast		
Line of Section 30 Township 28N	Range 7W , NMPM, 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 copy of this form is to be sent)			
1 Paso Natural Gas Company	D O Box 4990, Farmington, NM 87499		
Unif Sec. Twp. Rge.	is gas actually connected?		
give location of tanks.	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	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		
Litt Millimus	TITLE SUPERVISOR DISTRICT 雅 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.		
Regulatory Analyst All sections of this form must be filled out completely for allowable on new and recompleted wai			
OCT 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.		

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