STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		\top
TRANSPORTER	OIL	
	GAS	T
OPERATOR		
PROBATION OFFICE		-

OIL CONSERVATION DIVISION

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

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P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

	ND	
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
Operator		
Tenneco Oil Company -		
Address	OCT 02 1885	
P.O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box)		
New Well Change in Transporter of:	Other (Please explain)	
Recompletion Oil Dry Gas	D137 3 11V.	
Change in Ownership Cassinghead Gas Condensate	- 101, 3	
If change of ownership give name and address of previous owner E] Paso Natural Gas Compan	y, P.O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Forma		
SJ 28-7 Unit 73 Blanco-MV,	State, Federal or Fee USA SF 078498	
Unit Letter Feet From TheNor	hLine andFeet From The	
Line of Section 28 Township 28 M	Range 714 NMPM Dio Amaila County	
7 2011	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)	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Sas Or Dry Gas X	P.O. Box 460 Hobbs NM 88240 Address (Give address to which approved dopy of this form is to be sent)	
El Paso Natural Gas Company		
Unit Sec. Twp. Rge.	is gas actually connected? Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Yos	
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	
y certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED		
th and that the information given is true and complete to the best of my knowledge and belief.		
1-1 100 6//	TITLE SUPERVISOR DISTRICT # 3	
Short M-kinning	This form is to be filed in compliance with RULE 1104.	
(Signardre)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
r. Regulatory Analyst panied by a tabulation of the deviation tests taken on the well in accordance with RULE 11		
(Titte) All sections of this form must be filled out completely for allowable on new and record fill out only Section I, II, III, and VI for changes of owner, well name and or number, or the fill out only Section I, II, III, and VI for changes of owner, well name and or number, or the fill out only Section I, II, III, and VI for changes of owner, well name and or number, or the fill out only Section I, III, III, and VI for changes of owner, well name and or number, or the fill out only Section I, III, III, and VI for changes of owner, well name and or number, or the fill out only Section I, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, and VI for changes of owner, well name and or number, or the fill out only Section II, III, III, III, III, III, III, III		
OCT 1 1985	(Cate)	

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