STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	IVED	Г	_
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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

	AND		
PRORATION OFFICE AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
<u>. </u>			
Operator	uv ij l		
Tenneco Oil Company - *****	00102 1985		
Address	00102 (00)		
P.O. Box 3249, Englewood, CO 80155	Other (Please explain)		
Reason(s) for filing (Check proper box)			
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 El Paso Natural Gas Compar	ny, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Form	nation Kind of Lease State, Federal or Fee USA		
SJ 28-7 Unit 75 Blanco-MV,	SF 079289-		
Location			
Unit Letter L : 1850 Feet From The SOL	th Line and 890 Feet From The Wast		
Line of Section 15 Township 28N	Range 7W , NMPM, Rio Arriba County		
2.00			
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)		
Canaca Inc. Surfaca Iranenartation	P.O. Box 460 Hobbs NM 88240		
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas Cord Dry Gas Cord.	Address (Give address to which approved copy of this form is to be sent)		
^	P.O. Box 4990 Farmington NM 87499		
El Paso Natural Gas Company Unit Sec. Twp. Rge.	P.O. Box 4990, Farmington, NM 87499 Is gas actually connected?		
If well produces oil or liquids, give location of tanks.	Yes		
If this production is commingled with that from any other lease or pool, give commingling order numb			
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION OF 100 F		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	a APPROVED DCT 0-2 1985		
with and that the information given is true and complete to the best of my knowledge and believ			
/	BY away		
	TITLE SUPERVISOR DISTRICT # 5		
Vitt. Miss	V		
- Commy	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 accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Sr. Regulatory Analyst	All sections of this form must be filled out completely for allowable on new and recompleted walls.		
(Title)	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,		
OCT 1 1985	or other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		