STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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	GAS		
OPERATOR			
BOODATION OFFICE			-

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE

AND

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

Page 1

PRORATION OFFICE AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL SASP OF TO THE TO THE		
<u>l</u>	SPORT OIL AND NATURAL DISE GET VETT		
Operator			
Tenneco Oil Company — 🕳 📆	OCT 02 1985		
Address	- -		
P.O. Box 3249, Englewood, CO 80155	OIL CON. DIV.		
Reason(s) for filling (Check proper box) Other (Please explain) DIST. 3			
New Well Change in Transporter of:	DI31. 3		
Recompletion Uil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
	ny, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Form	mation Kind of Lease 100 Lease No.		
	State, Federal or Fee USA		
SJ 28-/ Unit 33 Blanco-MV	SF 079290		
Unit Letter A: 800 Feet From The Nor	th Line and 990 Feet From The East		
Line of Section 13 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 Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499		
Unit Sec. Twp. Rge.	P.O. Box 4990, Farmington, NM 87499 Is gas actually connected? When		
give location of tanks. A 13 28N 7W	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.	er		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION — O			
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.			
State M. Linner	TITLE SUPERVISOR DISTRICT # 30		
(Signature) ir. Regulatory Analyst	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.		
OCT 1 1985	All sections of this form must be filled out completely for allowable on new and recompleted walls. 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.		