STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l								
Operator					ID F (FIME		
Tenneco Oil Company — 🗪					M 3 6	PINE	11	
Address					u u			
P.O. Box 3249, Englewood, CO	80155				OCT	02 1985		
Reason(s) for filing (Check proper box)				Other (Please exp		-		
New Well Change in Transporter	of:				OIL C	ON. DIV.		
Recompletion U OII	- ⊢	ry Gas		DIST. 3				
Change in Ownership Casinghead Gas	<u></u>	Condensate				——————————————————————————————————————		
	latural Gas	s Company	y, P.O.	Box 4990	, Farmingto	n, NM 87499		
II. DESCRIPTION OF WELL AND LEASE Lease Name We	I No. Pool Name	e, Including Forma	ation		Kind of Lease	LICA	Lease No.	
SJ 28-7 Unit	29 Bland	co-MV			State, Federal or Fee	USA SF	078497	
Location	Z9 Blanc					<u> </u>	0/049/	
Unit Letter	Feet From	The <u>Sout</u>	th	Line and		eet From The West		
Line of Section 7 Townsh	ip 28 N		Range	7W	, NMPM,	<u>Rio Arriba</u>	County	
III. DESIGNATION OF TRANSPORTER OF Name of Authorized Transporter of Oil or Condensate of Name of Authorized Transporter of Casinghead Gas or Director of Authorized Transporter of Casinghead Gas or Director of Casin	Ation y Gas X Sec. Twp. 7 28 or pool, give comming	Rge.	P.O. Address (G	Box 460, ive address to which	Hobs, NM 8 approved copy of this for	8240 orm is to be sent)		
VI. CERTIFICATE OF COMPLIANCE				0	IL CONSERVATI	on biatiston 5	1985	
Thoraby cortiny that the tales are regulations of the				APPROVED, 19				
with and that the information given is true and complete to the best of my knowledge and belief.								
Λ			BY _			- Javey		
// cet ==== (1/1		TITLE	TITLE SUPERVISOR DISTRICT # 3					
Stott M- Kinny		This is	A NAME OF STREET					
(Signature)			11	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 accom-				
panied by a tabulation of the deviation tests taken on the well in accordance			with RULE 111.					
(Aitle)			11	All sections of this form must be filled out completely for allowable on new and recompleted walls.				
UCT 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.				
(Date)			11	Separate Forms C-104 must be filed for each pool in multiply completed wells.				