STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

(Date)

NO. OF COPIES RECE	IVED		
DISTRIBUTION		T	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSFORIER	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

U.S.G.S.							18 m	
LAND OFFICE								
TRANSPORTER GAS		REC	UEST FO	OR ALLOV	VABLE	Ç.	A. Caran	
OPERATOR			-	AND				
PRORATION OFFICE	AUTHORI	ZATION T	O TRANS	PORT OI	L AND NATU	RAL GAS	10. 48	F .
1.						O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Operator						74	P 42	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Tenneco Oil Company - (1985	
P.O. Box 3249. Fnalewo	-d GO 0015	. p.				`		O
P.O. Box 3249, Englewo Reason(s) for filing (Check proper box)	<u>od. CO 8015</u>	15			Other (Please ex	(nlain)		
New Well Change	in Transporter of:					,,,,,,	•	ž.
Recompletion O			Gas					
	Isinghead Gas		densate					
	olinginous das	X	densate		1			
If change of ownership give name and address of previous owner	l Paso Natur	al Gas	Compan	y, P.O	Box 4990	O, Farmingto	n, NM 87499	
II. DESCRIPTION OF WELL AND	LEASE							
Lease Name	Well No.	Pool Name, Ir	cluding Form	nation		Kind of Lease		Lease No.
SJ 28-7 Unit	191	Basin	Delaste			State, Federal or Fee	USA	
Location		L DOLS TIT	Darkora			<u> </u>	_\$F	- 1 078498 -
Unit Letter O	890	_ Feet From Th	. 0	L L				
		_ restriction	eSou	<u> </u>	Line and	F	Feet From The East	
Line of Section 33	Township	_28N		Range	 .	, NMPM,		
		-20W-				, 141911-191,	Rio Arriba	County
III. DESIGNATION OF TRANSPO	RTER OF OIL AN	ID NATUR	AL GAS					
Name of Authorized Transporter of Oil or	Condensate			Address (G	ive address to whic	h approved copy of this i	orm is to be sent)	
 	nenortation				D 450			
Conoco Inc. Surface Tra Name of Authorized Transporter of Casinghead	Gas G or Dry Gas			Address (G	ive address to which	Hobbs NM 8	S 2 4 O orm is to be sent)	
El Paso Natural Gas Com	Λ			1_				
	Unit Sec.	Twp.	Rge.	is gas actu	ally connected?	-Farmington	, NM 87499	
If well produces oil or liquids, give location of tanks.	0 33	2081	"""					
If this production is commingled with that from a	Inv Other lease or pool, six	1 28N	1- 7W		Yes			
								
NOTE: Complete Parts IV and V	on reverse side if	necessar	y .					
VI. CERTIFICATE OF COMPLIAN	ICE			11	0	IL <u>C</u> onservati	ON DIVISION	
I hereby certify that the rules and regulations of		ivision have he	en complied	APPRO		CT-02/19	35 DIVISION	10
with and that the information given is true and	complete to the best of	f my knowledg	e and belief.		×10	7 7 (3'9'		, 19
Λ	\			BY _	5/6	M. Sau	4 /	
// ,	c c/				nepvison.	R DISTRICT # 3	0	
LA M				TITLE	SUPLATION			
xnow !//?	- Muny			This for	m is to be filed in o	compliance with RULE 1	104.	
(Sig	gnature)			If this is	a request for allo	wable for a newly drilled	d or deepened well, this	form must be accom-
Sr. Regulatory Analyst	· · · · · · · · · · · · · · · · · · ·			panied by	a tabulation of the	deviation tests taken or	the well in accordance	with RULE 111.
0 CT 1 198	35 °						ly for allowable on new a	
				or other s	only Section I, II, III, uch change of cond	, and vi for changes of o dition.	wner, well name and or n	umber, or transporter,
	Detai							

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