STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS	1
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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

TRANSPORTER GAS REQUEST FOR	RALLOWABLE
OPERATOR AN	ND 🌣
PRORATION OFFICE AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS
<u></u>	/// 45 // 18 h
Operator	
Tenneco Oil Company — (COMP)	OCTO
	\mathbf{O}_{I} , \mathbf{O}_{I} , \mathbf{O}_{I}
P.O. Box 3249, Englewood, CO 80155 Reason(s) for filling (Check proper box)	
I	Other (Please explain)
New Well Change in Transporter of:	
Recompletion U Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name and address of previous ownerFl Paso Natural Gas Company II. DESCRIPTION OF WELL AND LEASE	, P.O. Box 4990, Farmington, NM 87499
Lease Name Well No. Pool Name, Including Formati	on Kind of Lease No.
h- aa - u u	State, Federal or Fee USA
SJ 28-7 Unit 225 Basin Dakota	SF 078496-4
Unit Letter A :	Rance NIMPM
2014	NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
	Address (Give address to which approved copy of this form is to be sent)
^	, , , , , , , , , , , , , , , , , , ,
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
, X	the second secon
El Paso Natural Gas Company Sec. Twp. Rge.	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids,	s gas actually connected?
give location of tanks.	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.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVIDION
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.	OIL CONSERVATION DIVISION APPROVED 19 19 19
And the time that the time desired in the best of the knowledge and belief.	BY Sranks. Javes
Stot Mikum	TITLE SUPERVISOR DISTRICT 3 0
711. 100000	This form is to be filed in compliance with RULE 1104.
(Signature) / ir. Regulatory Analyst	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.
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted walls.
OCT 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.
(50.0)	Separate Forms C-104 must be filed for each pool in multiply completed wells.