STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

PROPATION OFFICE	FOR ALLOWABLE AND ISPORT OIL AND NATURAL G
Tenneco Oil Company -	OU 02 1985
Audress	OIL COM
P.O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box)	DIST DIV.
New Well Change in Transporter of:	Other (Please explain)
Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name and address of previous owner F] Paso Natural Cae Commo	
El Paso Natural Gas Compa	ny, P.O. Box 4990, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Well No. Pool Name, Including Fo	1 till of Lease
SJ 28-7 Unit 231 Basin Dakot	State, Federal or Fee USA
	SF 078497
Unit Letter Feet From The No.	cth Line and 875 Feet From The West
Line of Section 16 Township 28N	Range 7W NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	RIO HPPIDA SOUN
Name of Authorized Transporter of Oil C or Condensate	Address (Give address to which approved copy of this form is to be sent)
Canaco Inc Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas	
i X	Address (Give address to which approved copy) of Inia 10 firm is to be sent)
El Paso Natural Gas Company	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Farmington, NM 87499
16 1 29N 1 7U	Yes
If this production is commingled with that from any other lease or pool, give commingling order number	er
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	II
I hereby certify that the rules and regulations of the Oil Consecution By	OIL CONSERVATION DIVISION
with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED
	BY Sranks
Soft M-King	TITLE SUPERVISOR DISTRICT # 3
(Signature)	This form is to be filed in compliance with RULE 1104.
Sr. Regulatory Analyst	If this is a request for allowable for a newly drilled or despend well this to
(Title)	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.
0CT 1 1985°	Fill out only Section 1.11 W

All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, III, IIII, and VI for changes of owner, well name and or number, or transporter,

or other such change of condition.

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