STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED		
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SANTA FE		T	
FILE			
U.S.G.S.		丁	
LAND OFFICE	Ī	ヿ	
TRANSPORTER	OIL	T	
TRANSPORTER	GAS	T	
OPERATOR		Τ	
PROBATION OFFIC	- 1		_

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

LAND OFFICE						
TRANSPORTER GAS	REQUEST FOR ALLOWABLE					
OPERATOR	AND					
PRORATION OFFICE	AUTHO	RIZATION	TO TRANS	PORT OIL AND NATURAL		
I.						
Operator			•		TO UVE	
Tenneco Oil Company -					OCT	(2)
Address				, E	U2 1985	\mathcal{I}
P.O. Box 3249, Englewoo	d, CO 80	155		i	~05	<u>ي</u>
	- T			Other (Please explain)	Organia DIV	
New Well Change in Recompletion Oil	n Transporter of:	\Box	D C		194. g	
	singhead Gas		Dry Gas			
Change in Ownership Cas	ingliead Gas	<u> </u>	Condensate			
If change of ownership give name and address of previous owner	Paso Natı	ıral Ga	s Compar	y, P.O. Box 4990, I	Farmington, NM 87499	
II. DESCRIPTION OF WELL AND	LEASE					
Lease Name	Well No.	Pool Nam	e, Including Form		of Lease e, Federal or Fee USA	Lease No.
SJ 28-7 Unit	232	Basi	n Dakota		e, redelal or ree OSA	078417
Location				<u> </u>		1 0/041/
Unit Letter G :1	765	Feet From	m The <u>Nor</u>	th Line and14	190 Feet From The East	
Line of Section 20	Township	28N		Range 7W	NMPM, Rio Arriba	County
III. DESIGNATION OF TRANSPOR	ETER OF OIL	ΔΝΟ ΝΔΤΙ	IIRAI GAS			
Name of Authorized Transporter of Oil or C		THE HAI	OTIAL GAS	Address (Give address to which appr	oved copy of this form is to be sent)	
Conoco Tro Surface Transportation			D.O. Pou AGO, Habba BIM 000AO			
Conoco Irc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas			P.O. Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Com		^		P.O. Box 4990, Fa	erminaton NM 87499	
	Unit Sec.	Twp.	Rge.	is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	G 20	281	N 7W	Yes	į	
If this production is commingled with that from a						
NOTE: Complete Parts IV and V	on reverse side	e if necess	sary.			
VI. CERTIFICATE OF COMPLIAN	CE			ll OIL C	ONSERVATION DIVISION	
I hereby certify that the rules and regulations o	the Oil Conservatio	n Division hav	e been complied	APPROVED	r. 0-2 -1985	
with and that the information given is true and	complete to the bes	st of my knowl	ledge and belief	S ran		
n	•			BY	ico. Savez	
1 " -	, 1			TITLESUPER	VISOR DISTRICT # 3()	
Shot M	Lynnin	ŀ				
/Sia	nature)	·		This form is to be filed in compl		
_	, –				for a newly drilled or deepened well, this tion tests taken on the well in accordance	
Sr. Regulatory Analyst (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.			
(1	Date)			ll ,	iled for each pool in multiply completed v	vells.