STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE

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U.S.G.S.

LAND OFFICE

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

PROPATION OFFICE AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS
I. Operator	(f) for _
Tenneco Oil Company -	
Address	
P.O. Box 3249, Englewood, CO 80155	Other (Please explain)
Reason(s) for filing (Check proper box)	other (riease explain)
New Well Change in Transporter of:	
Recompletion Uil Dry Gas	k v v v v v v v v v v v v v v v v v v v
Change in Ownership	
If change of ownership give name and address of previous owner <u>Fl Paso Natural Gas Company</u> II. DESCRIPTION OF WELL AND LEASE	, P.O. Box 4990, Farmington, NM 87499
Lease Name Well No. Pool Name, Including Forma	ition Kind of Lease Lease No.
	State, Federal or Fee USA
SJ 28-7 Unit 243 Basin Dakota Location	SF 078500 f
Unit Letter N : 1180 Feet From The Sout	h Line and 1465 Feet From The West
Line of Section 31 Township 28N	Range 7W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil □ or Condensate □ X	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 C or Dry Gas C	Address' (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company Sec. Twp. Rge.	Is gas actually connected? Farmington, NM 87499
If well produces oil or liquids, give location of tanks. N 31 28N 7W	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 DIVISION
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.	APPROVED , 19, 19
Λ	BY WIDSDINGS PROTEINS IN S
State M-V	TITLE SUPERVISOR DISTRICT # 5
(Signature)	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-
Sr. Regulatory Analyst	panied 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.
(DATE)	Severate Forms C 104 must be filed for each good in multiply completed wells