## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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TRANSPORTER	OIL	T
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OPERATOR		Ť
PRORATION OFFICE		T

## **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

OPERATOR AN	ND	
PRORATION OFFICE AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	
l. Operator		
Tenneco Oil Company - D	OCT II.	
P.O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
Recompletion Uil Dry Gas		
Change in Ownership		
If change of ownership give name and address of previous owner F1 Paso Natural Gas Company  II. DESCRIPTION OF WELL AND LEASE	, P.O. Box 4990, Farmington, NM 87499	
Lease Name Well No. Pool Name, Including Forma		
ET 20 7 Unit	State, Federal or Fee USA	
SJ 28-7 Unit 242 Basin Dakota	SF 078417-4	
Unit Letter F : 1840 Feet From The Nort	h Line and 1600 Feet From The West	
Line of Section 18 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 □	Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation	DO BOY ASO Hobbs NM 00240	
Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas Corp. or Dry Gas Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499	
Unit Sec. Twp. Rge.	ls 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 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 42 1985 , 19	
,	BY Stank . Save	
1 st m LV	TITLE SUPERVISOR DISTRICT # 3	
Swot M-Kinny	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-	
panied by a tabulation of the deviation tests taken on the well in accordance with		
(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.	

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