STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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SANTA FE			Г
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LAND OFFICE			Г
TRANSPORTER		OIL	Г
		GAS	
OPERATOR			
PRORATION OFFICE	_		Т

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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator					
	هما ها الله الله الله الله الله الله الل				
Tenneco Oil Company - Maniero					
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 Casinghead Gas Condensate					
If change of ownership give name and address of previous owner <u>Fl Paso Natural Gas Company</u>	, P.O. Box 4990, Farmington, NM 87499				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, ncluding Forma	tion Kind of Lease Lease No				
	State, Federal or Fee USA				
SJ 28-7 Unit 245 So. Blanco-PC	SEXT. SF 078417				
Unit Letter B: 820 Feet From The North Line and 1560 Feet From The East					
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 X CONOCO Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number.	Address (Give address to which approved copy of this form is to be sent) PO Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499 Is gas actually connected?				
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				
and the mean manage and bonds.	BY				
	SUPERVISOR DISTRICT # 3				
Stoth Mcking	TITLE				
(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 deepened well, this form must be accompanied 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 recompled the fill out only Section I. II. III. and VI for changes of owner well name and or number of the fill out only Section I. II. III. and VI for changes of owner well name and or number of the					
	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)	Consists Forms CAAA must be filed to contain the fi				

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