## 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address P.O. Box 3249, Englewood, CO 80155    Name Well   Change in Transporter of:	Tenneco Oil Company —  Address  P. O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas Change in Ownership Casinghead Gas  If change of ownership give name			0c7 02 7000 5000 7000	
P.O. Box 3249. Englewood, CO 80155  Reason(s) for filing (Check proper box)    Recompletion	P.O. Box 3249, Englewood, CO BO155  Reason(s) for filling (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensate			0c7 02 7007	
Address P.O. Box 3249, Englewood, CO 80155    Reason(s) for liting (Check proper box)	P.O. Box 3249, Englewood, CO BO155  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensate				<u> </u>
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Recompletion   Oil   Dry Gas   Condensate	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate	.O. Box 499			
Change in Ownership  Change in Ownership  If change of ownership give name and address of previous owner  El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, including Formation  Size Name  Vell No. Pool Name, including Formation  Kind of Lease State, Federal or Fee  USA  ST 28-7 Unit  252 Basin Dakota  SF 078498  Line of Section  32 Township  28N Range  NMPM, Rio Arriba  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Or Condensate Or Condensate Or Divides Section  Name of Authorized Transporter of Casinghead Gas Or Dry Gas Section  If well produces of or liquids, previous country of talks.  If this production is commingied 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  Inversion Division have been compiled with and that the information given is true and complete to the best of my knowledge and betief.  BY  Condensate  Company  For Casinghead Gas  Condensate  Company  For Name of Authorized Transporter of Oil Or Condensate Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and betief.  BY  APPROVED  APPROV	Change in Ownership Casinghead Gas Condensate	.O. Box 499	·····		
If change of ownership give name and address of previous owner    If change of ownership give name and address of previous owner    If change of ownership give name and address of previous owner    III. DESCRIPTION OF WELL AND LEASE    Lease Name	If change of ownership give name	O. Box 499			
II. DESCRIPTION OF WELL AND LEASE  Lease Name State, Federal or Fee USA ST 28-7 Unit Locallon Unit Letter C : 790 Feet From The Line and 1850 Feet From The Line and 1850 Feet From The Line of Section 32 Township 28N Fange 7W NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate 1 Name of Authorized Transporter of Casinghead Gas or by Gas 1 Name of Authorized Transporter of Casinghead Gas or by Gas 1 If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the Information given is true and complete to the best of my knowledge and bellef.  APPROVED  A	If change of ownership give name	.O. Box 499			
III. DESCRIPTION OF WELL AND LEASE  Lease Name  SJ 28-7 Unit.  Location  Unit Letter C : 790 Feet From The North Line and 1850 Feet From The Wegt  Line of Section 32 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 Name of Authorized Transporter of Oil Or Dry Cas 1 Name of Authorized Transporter of Casinghead Gas C or Dry Cas 1 Name of Authorized Transporter of Casinghead Gas C or Dry Cas 1 Name of Authorized Transporter of Casinghead Gas C or Dry Cas 1 Name of Authorized Transporter of Casinghead Gas C or Dry Cas 1 Natural Gas Company  If well produces oil or liquids, give location of tanks.  C 32 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  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  APPROVED	and address of previous owner FI PAISO NATILITAL CANS LOUBDARD . P	.U. BOX 499	^ Fm	1144 07400	
Lease Name    ST 28-7 Unit   252   Basin Dakota   State, Federal or Fee   USA   O78498-	and address of profession of the control of the con		u, Farmingt	on, NM 8/499	<del></del>
Lasse Name    ST 28—7 Unit   252   Basin Dakota   State, Federal or Fee   USA   O78498	II. DESCRIPTION OF WELL AND LEASE				
SJ 28—7 Unit Location  Unit Letter C				e IISA	Lease No.
Unit LetterC	SJ 28-7 Unit 252 Basin Dakota			SF	078498-
Line of Section 32 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 Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  F1 Paso Natural Gas Company If well produces oil or liquids, give location of tanks.  C 32 28N 7W  VI CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sent)  P Q BOX ASQ Which approved copy of this form is to be sen	Location			•	0,0,50
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Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)    Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil or Condensate   X  CONOCO TIC Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas   X  E1 Paso Natural Gas Company If well produces oil or liquids, give location of tanks.  C 32 28N 7W  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  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.  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)	Line of Section 32 Township 28N Range	7W	, NMPM	. Rio Arriba	County
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.  C 32 28N 7W  Wes  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  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.  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)	UL DECICNATION OF TRANSPORTED OF OU. AND NATURAL GAS				
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TITLE SUPERVISOR DISTRICT 98 3	Litt Melinia	LE <u>wore</u>	THOOK SIGNAL T		
This form is to be filed in compliance with RULE 1104.	(0)				
(Signature)  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.	11				
Sr. Regulatory Analyst  (Title)  All sections of this form must be filled out completely for allowable on new and recompleted wall	Sr. Regulatory Analyst				
Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport	лст <mark>1 1985</mark>	II out only Section I, II, I	II, and VI for changes o	•	
or other such change of condition.	(Octo)	-		ool in multiply completed w	walla

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