STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	EIVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
Ų.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
SECRETION 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

OPERATOR		Δi	10				
PRORATION OFFICE	AUTHORI	ZATION TO TRANSF	PORT OIL AND NATU	RAL GAS	•••·		
•					SA PARE		
Operator	_			/ñ(°			
Tenneco Oil Company -	<u> </u>			<u> </u>	- 0 (5	' - 	
Address				(OCT 02 1985	(U)	
P.O. Box 3249, Englewood,	CO 8015	55	011	materia)	1985		
Reason(s) for filing (Check proper box)			Other (Please ex	XPIAIN) OIL	CON. DIV.	1	
New Well Change in Trans	porter of:				DICT. DIV		
Recompletion Oil		Dry Gas			DIS1. 3		
Change in Ownership	d Gas	Condensate					
		al Gas Company	, P.O. Box 499	O, Farmingt	on, NM 87499		
II. DESCRIPTION OF WELL AND LEAS	SE Well No.	Pool Name, Including Forma	ition	Kind of Lease		Lease No.	
Lease Name				State, Federal or Fee			
SJ 28-7 Unit	29 A	Blanco-MV		1	<u>SF</u>	078497	
Unit Letter	Township	Feet From TheSout	Eh Line and	1490 , NMPM	Feet From The <u>Fast</u>	County	
Elito d'Ossano.							
III. DESIGNATION OF TRANSPORTER	OF OIL A	ND NATURAL GAS					
Name of Authorized Transporter of Oil or Conden			Address (Give address to white	ich approved copy of thi	s form is to be sent)		
Conoco Inc. Surface Transp Name of Authorized Transporter of Casinghead Gas	ortation or Dry Gas □)	P.O. Box 460 Address (Give address to white	Hobbs NM ich approved copy of thi	88240 s form is to be sent)		
El Paso Natural Gas Compan	y Sec.	Twp. Rge.	P O Box 4990 is gas actually connected?	, Farmingto	n, NM 87499		
If well produces oil or liquids, give location of tanks.		28N 7W	Yes	į		.]	
If this production is commingled with that from any other	r lease or pool, g						
NOTE: Complete Parts IV and V on re	everse side	if necessary.					
VI. CERTIFICATE OF COMPLIANCE			11	OIL CONSERVA	LION DIMISION	2 1985	
I hereby certify that the rules and regulations of the O with and that the information given is true and comp	il Conservation lete to the best	Division have been complied of my knowledge and belief.	APPROVED	5	ank . Jan	_, 19	
1			BY		SUPERVISOR DIS	TACT 2	
Soll M- Kinny			TITLE			75. 45. 4	
- XIV - 11. 1-41100)			This form is to be filed in			t	
Sr. Regulatory Analyst	7		panied by a tabulation of th	he deviation tests taker	illed or deepened well, this n on the well in accordance	with RULE 111.	
OCT 1 1985			All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,				
(Date)			or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.				