STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED			
DISTRIBUTI	ON	\top		
SANTA FE		一		
FILE		\neg		
U.S.G.S.				
LAND OFFICE		_		
TRANSPORTER	OIL	1		
IKANSPORTER	GAS			
OPERATOR	1			
BROBATION OFFICE	+	-		

OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83

Page 1

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

	l AUI	HURIZA	HONIC	JIHANS	PORT OIL AND NATU	RAL GAS		
J							BINE	In .
Operator			<u></u>			<u> (D) 달 반</u>) <u>E II V G</u>	
Tenneco Oil Company	_			- 1		101	- 00 108h	كتا
P.O. Box 3249, Engl	awaad CO	80155				OC OC	102 1985	
Reason(s) for filing (Check proper box	ewood, Go	80133			Other (Please ex	rolain) 45.11	CON. DIV	<u> </u>
New Well Change in Transporter of:			OIL COIN.					
Recompletion Oil Dry Gas			DISI. 3					
Change in Ownership	Casinghead Gas		\Box	lensate				
If change of ownership give name and address of previous owner	El Paso N	atural	<u> </u>		y. P.O. Box 4990	O, Farmingto	n. NM 87499	
II DESCRIPTION OF WELL						_	•	
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well	No. I Poo	ol Name Inc	cluding Form	ation			
SJ 28-7 Unit		1			allon	Kind of Lease State, Federal or Fee	USA	Lease No.
Location		3 A B	lanco-	-MV,		<u> </u>	SF	079290
Unit Letter	:_1520	·	et From The	Sou	th Line and	F	eet From The <u>Fast</u>	
Line of Section 13	Township	28	BN		Range 7W	, NMPM,	Rio Arriba	County
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND N	NATURA	L GAS				
Name of Authorized Transporter of Oil	or Condensate				Address (Give address to which	h approved copy of this fo	rm is to be sent)	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X			P.O. Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	ghead Gas 🗀 or Dry	Gas □ X			Address (Give address to which	h approved copy of this to	rm is to be sent)	
<u>l Paso Natural Gas</u>					P.O. Box 4990	Farmington	NM 87499	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	P O Box 4990 Is gas actually connected?	When	141 0/499	
give location of tanks.		13	28N	<u> </u>	Yos	į		
If this production is commingled with that	from any other lease or	pool, give con	nmingling o	rder number				
NOTE: Complete Parts IV an	d V on reverse s	side if ned	cessary.					
VI. CERTIFICATE OF COMPI	JANCE				ll 0	IL CONSERVATIO	N DI MISION	9 1005
I hereby certify that the rules and regulat with and that the information given is tr	ions of the Oil Conserv ue and complete to the	ation Division	n have beer knowledge	n complied and belief.	APPROVED		1001	L, 19
			•		BY	Dry	had In	<u></u>
Sist on	15/				TITLE		SUPERVISOR DISTRI	CTV #
	(Signature)				This form is to be filed in c			
r. 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.					
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)	171.77			or other such change of cond	ition.	,	most, or transporter,

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