

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PRORATION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tenneco Oil Company - [REDACTED]
Address
P.O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

| | | |
|---|---|--|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input checked="" type="checkbox"/> Condensate |

Other (Please explain)

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 SJ 28-7 Unit | Well No. 246 F | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee USA | Lease No. 078417 |
| Location | | | | |
| Unit Letter N | : 1120 | Feet From The South | Line and 1620 | Feet From The West |
| Line of Section 8 | Township 28N | Range 7W | NMPM. Rio Arriba | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

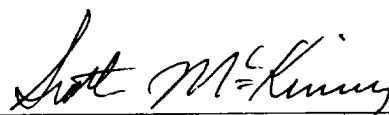
| | | | | |
|--|--|------------------|--------------------|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499 | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 8 | Twp. 28N | Rge. 7W |
| Is gas actually connected? | Yes | | | |

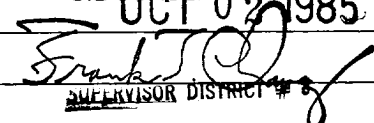
If this production is commingled with that from any other lease or pool, give commingling order number

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.


(Signature)
Sr. Regulatory Analyst
(Title)
OCT 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **OCT 0 1985**, 19
BY 
SUPERVISOR DISTRICT #
TITLE

This form is to be filed in compliance with RULE 1104.

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 recompleted wells.

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.