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

(Date)

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FILE	1	$^{+}$
U.S.G.S.	:	$\neg +$
LAND OFFICE		$\neg$
TRANSPORTER	OIL	$\top$
INANSFURIER	GAS	_
OPERATOR		$\neg \uparrow$
PRORATION OFFIC	E	$^{-}$

## 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

GAS			RE	QUEST F	FOR ALLOWABLE	
OPERATOR					AND	
PRORATION OFFICE	AU'	THORIZ	ZATION 1	O TRAN	ISPORT OIL AND NATURAL GAS	
<u>l.</u>					TO SELLAND HANDING CARD	
Operator						<b></b>
Tenneco Oil Company	_				007 02 13 m	7
Address						<b>)</b> (
					(35)	
P.O. Box 3249, Engle	wood, CO	8015	5			
Reason(s) for filing (Check proper box)					Other (Please explain)	
New Well Char	nge in Transporter o	of:				
Recompletion	Oil		☐ Drv	Gas		
Change in Ownership	Casinghead Gas			ndensate		
			<b>X</b> 300	ilouiisate		
If change of ownership give name						
and address of previous owner	El Paso N	latura	al Gas	Compar	ny, P.O. Box 4990, Farmington, NM 87499	
II DECORPORATION OF THE						
II. DESCRIPTION OF WELL AI Lease Name						
Lease Name	Wel	I No.	Pool Name, I	ncluding Form	Leas	se No.
SJ 28-7 Unit	23	1 F	Bacin	Dakota	State, Federal or Fee USA	
Location		<del>*</del> -	DOI 2 T11	-Dark O La	o SF 078	417-
Unit Letter K	1015					
Control	_1915		Feet From Tr	¹eSou	uth Line and 1930 Feet From The West	
15-2-40-11						
Line of Section 16	Township	<u> </u>	28N		Range 7W , NMPM, Rio Arriba	County
					110 III 1200	
III. DESIGNATION OF TRANSF	ORTER OF C	IL AN	NATUR	AL 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 Corp. Or Dry Gas Corp.				· — —	Address (Give address to which approved copy of this form is to be sent)	
		Х			and a senty	
l Paso Natural Gas C	ompany	Sec.	Twp.	Rge.	P.O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids,		<b>300</b> .	i wp.	į nye. I	is gas actually connected?	
give location of tanks.	iĸi	16	1 28N	<u>  714   </u>	Yes	ł
f this production is commingled with that from	m any other lease or	pool, give	commingling	order number	er	——J
					*	
NOTE: Complete Parts IV and	V on reverse s	side if i	necessar	y.		
/I. CERTIFICATE OF COMPLIA	ANCE				OIL CONSERVATION DIVISION	
hereby certify that the rules and regulation	is of the Oil Consen	ration Divi	ision have be	en complied	A LAPPROVED ——OCT U.Z. 19765	
with and that the information given is true a	and complete to the	best of r	ny knowleda	e and belief	, 19	
<b>A</b>			9		BY Trank	
//	,	•			- Same	
1 1	222(1)				TITLE SLPERVISOR DISTRICT BE 9	
Xhou.	M- Kin	us			The state of the s	
	(Signature)				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	accom-
<u>r. Regulatory Analyst</u>	·				parised by a tabulation of the deviation tests taken on the well in accordance with RULE 1:	11.
0.CT 4 40	(Title)				All sections of this form must be filled out completely for allowable on new and recomplet	ed walls.
OCT 1 1985					Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or tran	isporter,
	(Date)				or other such change of condition.	

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