STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR		\top
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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

THORIZATION TO TRANSPORT OIL AND MATURAL OF

OPERATOR P	AND
PROPATION OFFICE AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS
<u>l</u>	M sa e -
Operator	M - O B V P P
Tenneco Oil Company - (A)	
	0CT 02 100- 13
P.O. Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box)	Other (Please explain)
	Other (Please explain) OIL CON. DIV.
New Well Change in Transporter of:	DIST. 3
Recompletion OII Dry Gas	2.51. 3
Change in Ownership L Casinghead Gas L Condensate	
If change of ownership give name	
and address of previous owner <u>FI Paso Natural Gas Compan</u>	ny, P.O. Box 4990, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Form	mation Kind of Lease No.
SJ 28-7 Unit 164 E Basin Dakota	State, Federal or Fee USA
SJ 28-7 Unit 164 E Basin Dakota Location	SF 079290
	•
Unit Letter O : Feet From The Sou	th Line and 1800 Feet From The East
Line of Section 1.2 Township 2.0 M	Panea NIADA
Line of Section 13 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)
X	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas 🖯 or Dry Gas 🖯	Address' (Give address to which approved dopy of this form is to be sent)
X	
El Paso Natural Gas Company Junit ISec. Twp. Rge.	is gas actually connected? Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	
13 28N /W	Yes
If this production is commingled with that from any other lease or pool, give commingling order number	er
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	
/	BY Signal Savey
I de marchi	TITLE SUPERVISOR DISTRICT # 3
hot Wilnies	
(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 accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Gr. Regulatory Analyst (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wal
OCT 1 1985	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte
(Date)	or other such change of condition.

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