STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE

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U.S.G.S.

LAND OFFICE OIL GAS TRANSPORTER OPERATOR

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

PRORATION OFFICE	AUTHO	PRIZATION TO	TRANS	PORT OIL AND NATUR	RAL GAS		
). Operator					DECEIVE		
lenneco Oil Company E	-a-T-WINE				IV.		
P. O. Box 3249, Englewood, CO 80155				SEP 0 6 1985			
Reason(s) for filing (Check proper box)				Other (Please explain) OIL CON. DIV			
New Well Change in Transporter of:				DIST. 3			
Recompletion Oil Dry Gas				Well Name			
Change in Ownership C	asinghead Gas	Conc	densate	Mell Mg	ame		
If change of ownership give name and address of previous owner	El Paso Na	tural Gas	, P.O.	Box 4990, Farm:	ington, NM 87499		
II. DESCRIPTION OF WELL AND	LEASE						
Lease Name Well No. Pool Name, Including Form			State Federal or Fee				
Warren LS	1	Blanco			SF SF	077123	
Unit Letter : _	990	Feet From The	eN	Line and	890 E E		
Line of Section 13	Township	28N		Range 9W	_{NMPM} San Juan	County	
Ente of Section	TOWNSHIP			riange	, Man M.	Godiny	
III. DESIGNATION OF TRANSPO		AND NATURA	AL GAS				
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation					h approved copy of this form is to be sent) O, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghea	•			į.	h approved copy of this form is to be sent)		
El Paso Natural Gas					90, Farmington, NM 87499	9	
If well produces oil or liquids,	Unit Sec	!	Rge.	Is gas actually connected?	When		
give location of tanks.	A 1	3 28N	9W	Yes			
If this production is commingled with that from	any other lease or poo	ol, give commingling	order numbe	r			
NOTE: Complete Parts IV and V	' on reverse sid	le if necessar	y.				
VI. CERTIFICATE OF COMPLIA	NCE			11 0	DIL CONSERVATION DIVISION -		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied				APPROVED	DIL CONSERVATION DIVISION E	<u>P. U. 6. 198.</u>	
with and that the information given is true as					T(3)		
A				BY Stank	- Javez		
lat mc 11.				TITLE SUPERVISOR DISTRICT # 3			
Lot M= Kinny				This form is to be filed in	compliance with RULE 1104.		
sr. Regulatory Analyst	ignature)				owable for a newly drilled or deepened well, this e deviation tests taken on the well in accordance		
(Title)				All sections of this form must be filled out completely for allowable on new and recompleted walls.			
<u>SEP 1 1985</u>				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.			
(Date)				11	Separate Forms C-104 must be filed for each pool in multiply completed wells.		