## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Warren LS  8 Blanco-PC  State Federal or Fee NM 0356  Location  Whit Letter  M 600  Feet From The S Line and 800  Feet From The Set Succession of the 601  Feet From The Set Succession of the 601  Feet Form The Set Succession of the 601  P. O. Box	Tenneco Oil Company							BIVE	
Readon's for firing (Check proper box.   New West   Change in Transporter of   Oil CON. DIV.   Dist. 3					SFP 0.6 1985				
ILDESCRIPTION OF WELL AND LEASE   Lease Name   We No   Poo Name, Including Formation   State, Federal or Fee   NM   0.354	New Well Change in T						OIL C	ON. DIV	
Lease Name   We No   Foo Name Including Formation   State, Federal or Fee   NM   O350	and address of previous owner		ural Gas,	P.O.	Box 4990,	, Farmi	ngton, NM 8	37499	-
Warren LS    Banco-PC   State, Federal or Fee   NM   0355.   Location   M   600   Feet From The   S   Line and   800   Feet From The   W     Line of Section   7   Township   28N   Range   8W   NMPN   San Jucin   O     Line of Section   7   Township   28N   Range   8W   NMPN   San Jucin   O     Line of Section   7   Township   28N   Range   8W   NMPN   San Jucin   O     Line of Authorized Transporter of O   O   Condensate X     Conoco Inc. Surface Transportation   P. O. Box   460, Hobbs   NM   88240     Name of Authorized Transporter of Casinghead Gas   Or Dry Gas   X   Address (Give address to which approved copy of this form is to be sent)     P. O. Box   460, Hobbs   NM   88240     Address (Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address to which approved copy of this form is to be sent)     P. O. Box   490, Farmington, NM   87499     If well produces on or liquids   Give address (Give address to which app			Poo Name Inc	luding Form	ation	r	Kind of Lease:	ПСА	Lease No
Unit Letter				•	3110-1				03549
Unit Letter Feet From The Line and Feet From The Line and Feet From The Line and Section 7 Township 28N Range 8W NMPM San Juan Company San Juan San Juan Company San Juan San Juan Company San Ju	·	20		S			800		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of OI or Concensate X  Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  E1 Paso Natural Gas  If well produces oil or liquids.  If well produc	Unit Letter		Feet From The		Lin	ne and		Feet From The	
Name of Authorized Transporter of 0.1 or Condensate X  Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas  Unit Sec Try Rige  If well produces oil or liquids.  give location of tanks  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 completed with and that the information given is true and complete to the best of my knowledge and belief.  Sr. Regulatory Analyst  (Intle  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, NM 88240  Address [Give address to which approved copy of this form is to be sent)  P. O. Box 4990, Farmington, NM 87499  Is gas actually connected?  Yes  OIL CONSERVATION DIVISION  APPROVED  SEP 0.5  If this is a request for allowable for a newly drilled or deepened well, this form must be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be filled out completely for allowable on new and recompletely fill out only Section I. III. III. and VI for changes of owner, well name and or number or tra	Line of Section 7	Township	28N		Range	8 <b>W</b>	, NMPM	San Juan	County
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.  BY  TITLE  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be panied by a tabulation of the deviation tests taken on the well in accordance with RULE 1  All sections of this form must be filled out completely for allowable on new and recomplet Fill out only Section I. II. III. and VI for changes of owner, well name and or number or tra	Conoco Inc. Surface Trail Name of Authorized Transporter of Casinghead Ga El Paso Natural Gas If well produces oil or liquids.	nsportations or Dry Gas )	X Twp	í -	P. O. B Address (Give add P. O. B Is gas actually con	Box 460, dress to which Box 4990 innected?	, Hobbs, NM approved copy of this ), Farmingt	1 88240 form is to be senti	9
APPROVED  With and that the information given is true and complete to the best of my knowledge and belief.  BY  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 panied by a tabulation of the deviation tests taken on the well in accordance with RULE 1  All sections of this form must be filled out completely for allowable on new and recomplet Fill out only Section I. II. III. and VI for changes of owner, well name and or number or training.	If this production is commingled with that from any of NOTE: Complete Parts IV and V on	reverse side				OI	CONCEDUATI	IONI DIVISIONI	
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Sn. Regulatory Analyst    panied by a tabulation of the deviation tests taken on the well in accordance with RULE 1   All sections of this form must be filled out completely for allowable on new and recompletely for only Section I, II, III, and VI for changes of owner, well name and or number or tra	ı Sı <del>g</del> na	'ure;		- <del> </del>	This form is to		•	1104.	
Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or tra					panied by a tabu	lation of the d	deviation tests taken o	on the well in accordance	e with RULE 111.
Separate Forms C-104 must be filed for each pockin multiply completed wers		P 1 1985	5	<del></del>	Fill out only Se or other such ch	ection I, II, III, a lange of condi	and VI for changes of c tion.	owner, well name and or	number or transporte

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