

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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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

RECEIVED

SEP 06 1985

Operator Tenneco Oil Company El Paso Natural Gas		OIL CON. DIV
Address P. O. Box 3249, Englewood, CO 80155		DIST. 3
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership		Other (Please explain) Well Name
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Storey LS	Well No. 7	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078566
Location Unit Letter P : 950 Feet From The S Line and 820 Feet From The E Line of Section 35 Township 28N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

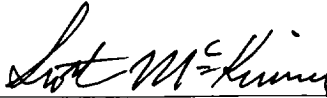
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	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 P	Sec. 35	Twp. 28N	Rge. 8W
Is gas actually connected?		When		
Yes				

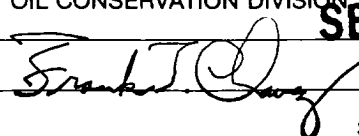
If this production is commingled with that from any other lease or pool, give commingling order number

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)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 06 1985
BY 
TITLE SUPERVISOR DISTRICT 3
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.