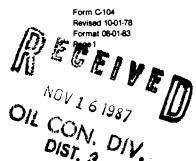
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	VED	
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	GAS	
OPERATOR		
PRORATION OFFICE		П

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501



TRANSPORTER OIL GAS	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				OIL C	161987	U	
PRORATION OFFICE					OIL CON. DIV.			
						-/0	1.3	, , ,
Operator Tenneco Oil Company								
P.O. Box 3249, Englewo	od, CO 8	30155						
Reason(s) for filling (Check proper box)				Other (Please e	xplain)			
New Well Change in Trans	sporter of:			- c c	. 10/1/07			
Recompletion Oil		Dry Gas		ETTECT	tive 12/1/87			
Change in Ownership Casinghea	ad Gas	Condensate						
If change of ownership give name and address of previous owner		 						
II. DESCRIPTION OF WELL AND LEA	SE Well No.	Pool Name, Including Forma	ation		Kind of Lease		Lease	B No.
C.M. Morris Com A	1-E	Basin Dakot	a		State, Federal or Fee	Federal	SF- 0773	29
Location	· · · · ·	<u> </u>						
Unit Letter E : 152	20	Feet From The Nort	<u>h</u>	_ Line and	790	Feet From The	West	-
Line of Section 13	Township &	27N	Range	10W	, NMPM.	San Jua	in	County
III. DESIGNATION OF TRANSPORTER Name of Authorized Transporter of Oil or Conder Conoco	nsate 🗀	D NATURAL GAS	P.0.	Box 460	ich approved copy of this O, HOBBS, NM ich approved copy of this	88240		
Name of Authorized Transporter of Casinghead Gas	. or Dry Gas ⊐		1		90, Farmingto		7401	į
El Paso Natural Gas	nit Sec.	Twp. Rge.		lly connected?	When	JII 9 1111 C		$\overline{}$
If well produces oil or liquids, give location of tanks.	E 13	27N 10W			<u> </u>			
If this production is commingled with that from any oth	er lease or pool, give	e commingling order number	ſ	·				
NOTE: Complete Parts IV and V on re	everse side if	necessary.						
VI. CERTIFICATE OF COMPLIANCE					OIL CONSERVAT	ION DIVISIO	N	
I hereby certify that the rules and regulations of the 0 with and that the information given is true and comp	Dil Conservation Di plete to the best of	ivision have been complied i my knowledge and belief.	APPROV	/ED	- 1 MUA TO 120	<u>'</u>	, 19	
1/-			BY —		(). 			
	/ /		TITLE	- SUPER	VISION DIST	RICT # 3		
/ Junar Syst	4.86m		This for	n is to be filed i	in compliance with RULE	1104.		
Michael D. Gammon (Signature)			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.					
Sr. Administrative Analys	st		11 '		the deviation tests taken must be filled out comple			
11/9/87			Fill out o		, III, and VI for changes of			
(Date)			11		nust be filed for each poo	ol in multiply comp	pleted wells.	