

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

Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, CO 80155	
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	Other (Please explain) EFFECTIVE JANUARY 1, 1987

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLANCO A	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL NM	Lease No. 012201
Location Unit Letter C : 800 Feet From The NORTH Line and 1530 Feet From The WEST Line of Section 36 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"/> PETRO SOURCE CORPORATION	Address (Give address to which approved copy of this form is to be sent) 8777 E. Via De Ventura, Ste #100	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) Scottsdale, Az 85258	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.

Steve Davis
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
12/01/86
(Date)

OIL CONSERVATION DIVISION
APPROVED *Frank [Signature]* **DEC 08 1986**
BY *Frank [Signature]*
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 accom-
panied 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.