STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	EIVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 filling (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion Oil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Form	State, Federal or Fee		
Sullivan Frame A 1E Basin Dakot	a Fee		
Location			
Unit Letter A :990 Feet From The NO	rth Line and 790 Feet From The Past		
Line of Section 30 Township 29N	Range 10W , NMPM. San Juan County		
W DECIDINATION OF TRANSPORTED OF OIL AND MATURAL CAS			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
CONOCO, Inc. P.O. Box 460 Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas — or Dry Gas — Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	P.O. Boy 1/02 F1 Page TV 70079		
Unit Sec. Twp. Rge.	P.O. Box 1492 F1 Paso, TX 79978 Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	* ****		
	Y		
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 OIL CONSERVATION DIVISION			
t hereby certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED			
with and that the information given is true and complete to the best of my knowledge and belief. BY			
TITLE SUPERVISION DISTRICT # 3			
This form is to be filed in compliance with RULE 1104.			
(Signature) If this is a request for allowable for a newly drilled or deepened well: this form mu			
Sr. Administrative Analyst panied by a tabulation of the deviation tests taken on the well in accordance with RULE			
(Trile) All sections of this form must be filled out completely for allowable on new and recom			
3/29/88 Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or other such change of condition.			
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		