

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAR 07 1986  
OIL CON. DIV.  
DIST. 3

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

|                                                                                                                                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| I. Operator<br>Tenneco Oil Company                                                                                                    |                        |
| Address<br>P. O. Box 3249, Englewood, CO 80155                                                                                        |                        |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain) |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Well Name              |
| Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas                                  |                        |
| <input type="checkbox"/> Dry Gas<br><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<br>Koch LS             | Well No.<br>1   | Pool Name, Including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee<br>USA<br>NM | Lease No.<br>0607     |
| Location                          |                 |                                                    |                                                     |                       |
| Unit Letter<br>H                  | :<br>1800       | Feet From The<br>North                             | Line and<br>890                                     | Feet From The<br>East |
| Line of Section<br>3              | Township<br>30N | Range<br>10W                                       | NMPM.<br>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"/>         |           | Address (Give address to which approved copy of this form is to be sent) |             |                                   |
| Conoco Inc. Surface Transportation                                                                                       |           | P. O. Box 460, Hobbs, NM 88240                                           |             |                                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> |           | Address (Give address to which approved copy of this form is to be sent) |             |                                   |
| El Paso Natural Gas                                                                                                      |           | P. O. Box 4990, Farmington, NM 87499                                     |             |                                   |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit<br>3 | Sec.<br>30N                                                              | Twp.<br>10W | Is gas actually connected?<br>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. |  |
| <u>Ann Tolliver</u><br>(Signature)                                                                                                                                                                   |  |
| Administrative Operations<br>(Title)                                                                                                                                                                 |  |
| March 1, 1986<br>(Date)                                                                                                                                                                              |  |

|                                                                                                                                                                                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| OIL CONSERVATION DIVISION                                                                                                                                                                    |                             |
| APPROVED                                                                                                                                                                                     | MAR 07 1986                 |
| BY                                                                                                                                                                                           | <u>Frank J. [Signature]</u> |
| 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.                                                                                                                |                             |