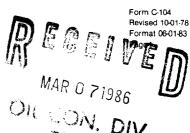
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Sr. Regulatory Analyst

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



SUPERVISOR DISTRIC

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 walls.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

This form is to be filed in compliance with RULE 1104.

or other such change of condition.

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							
Tenneco Oil Company E	& P WRMD						
Acdress							
P. O. Box 3249, Engleu	ood, CO 8	0155					
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well Change in	Transporter of:						
Recompletion Oil		Dry G	ias				
	nghead Gas	₩	ensate	Well N	ame		
Change in Ownership Casi	ngrieda das	23 00110			·	-	
fichange of ownership give name	1 Paso Nat	ural Gas	. P.O.	Box 4990. Farm	ington, NM 87499		
and address of previous owner							
I. DESCRIPTION OF WELL AND	LEAGE						
Lease Name	Well No. Pool Name, Including Formation			ation	Kind of Lease USA	Lease No.	
Atlantic B LS	5	Blanco-MV			State, Federal or Fee	080917	
Location		Dianeo				1 000317	
В .	1017		N		1650 E		
Unit Letter:	1017	Feet From The		Line and	Feet From The		
Line of Section 5	Taurahia	3ON		Range 10W	, NMPM, San Juan	County	
Line of Section	Township		····	Range 10W	, IAMIENI, COLLI COCCII	County	
BECKNATION OF TRANSPOR	TED OF OIL AL	ND NATHDA	U GAS				
II. DESIGNATION OF TRANSPOR		ND INATURA	IL GAS	Address (Give address to which	th 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 or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	^				٠	
E.I Palso Natural Gas	Unit Sec.	Twp.	Rge.	Is gas actually connected?	90, Farmington, NM 8749	19	
If well produces oil or liquids,	!!!		i -	,	7410.1		
give location of tanks.	B 5	30N	10W	Yes			
If this production is commingled with that from an	y other lease or pool, g	ive commingling	order number				
NOTE: Complete Porte IV and V	on roverce side	if naccess	,				
NOTE: Complete Parts IV and V o	on reverse side	ii riecessary	<i>'</i> .				
AU CENTIFICATE OF COMPULANT	^E			11 (DIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIAN				11	MAD A 7 10	986 _e	
I hereby certify that the rules and regulations of with and that the information given is true and				APPROVED	- HILLI U	,OO9	
vice and makine information given is true and	complete to the best	or my knowledge	and benen.	BY	8 170	{ }	
^				11	- June J (c)	/	