STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

(Signature)

(Date)

1985

Senior Regulatory Analyst

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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

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 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.

or other such change of condition.

REQUEST FOR ALLOWABLE

TRANSI GRIEN	GAS	\perp		nt.QUL		LOTTABLE				
OPERATOR					AND					
PRORATION OFFICE			AUTHORIZ	ATION TO T	TRANSPORT	OIL AND NATU	JRAL G <u>AŞ</u>			
1							ి చేస్తున్నారు.	7*****		
Operator Operator							The same of the same of		100 -12	
Tennec	o Oil	Co	mnanv				<u> </u>	y V L		
Address	<u> </u>		шрину				COTO)		
	Day 2	240	Englowed C	00155			2016	12 1985		
Reason(s) for filing (Che	DUX 3	<u>749</u>	, Englewood, C	n oniss		Other (Please	explain)			
i —	CA PIOPOI						Sec. 13.	S Park		
New Well Change in Transporter of:					C.C.					
Recompletion		닐	Oil	Dry Gas	5		** * *** ;	* 1200		
Change in Ownersh	iip		Casinghead Gas	LX Conden	sate					
If change of ownership g and address of previous	owner			tural Gas	s, P.O.	Box 4990.	Farmington, N	M 87499		
II. DESCRIPTION (OF WE	LL A	ND LEASE				Kind of Lease	110.1	Lease No.	
Lease Name			Well No.	Pool Name, Inclu	ding Formation		State, Federal or Fee	USA	Luase Mo.	
San Jua	an 32-	-9	Unit 14	Blanco	Mesaver	te		SF	080376	
Location										
Λ			990	Feet From The	Month	Line and	000 Fa	et From TheFa	c†	
Unit Letter				_ Feet From the	INOL LI	tire and				
	_			041	5	_	OU NMPM,	Ca.s. 1a.s.	County	
Line of Section	_9		Township	31N	Rang	e .	9W , NMPM,	San Juan	- Joseph Grand	
III. DESIGNATION	OF TR	ANS	PORTER OF OIL AN	ID NATURAL	GAS	- 10	hich approved copy of this for	m is to be conti		
Name of Authorized Tran	sporter of	Oil 🗆	or Condensate X							
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas V Add						P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Tran	sporter of	Casing	head Gas 🗆 or Dry Gas 🃈		Add	ress (Give address to w	hich approved copy of this for	m is to be sent)		
El Paso	o Nat	במוו	1 Gac		1 1	O Box 4	990, Farmingto	n. NM 874	99	
LIFASI	Jitac	uia	Unit Sec.	Twp.	Age. Is g	as actually connected?	When			
If well produces oil or liq	uids,			221	011	1	Ì			
give location of tanks.			A : 9_	<u>i 31N i</u>	9W	es				
If this production is comm	ingled with	that f	from any other lease or pool, given	ve commingling or	der number					
NOTE: Complete	Parts I	V an	d V on reverse side it	f necessary.						
VI. CERTIFICATE	05.00	MADI	IANCE		11		OIL CONSERVATIO	N DIVISION		
						PPROVED)	. 19	
I hereby certify that the r	ules and re	egulat	ions of the Oil Conservation D ue and complete to the best o	ivision have been		THOVED		} 		
with and that the inform	ation give	n is tfi	se and complete to the pest of	, my knowieuge	B B	<i>,</i> ダ.	rank) (
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1.	M	1	M=Kinny		- 1					
\sim 1.	R. C	11	1 Comme			This form is to be filed	in compliance with RULE 11	04.		