## 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

## REQUEST FOR ALLOWABLE AND

I. DESCRIPTION OF WELL AND LEASE  Lease No.	PROPATION OFFICE AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS
Tenneco 0il Company  Address  P. 0. Box 3249, Englewood, C0 80155  Reasonisi for filing (check proper Box)  New Well  Change in Transporter of Oil Oil Oil Or Gas  Recompletion Oil		
New West    Change in Ownership   Casanghead Gas   Dry Gas   Condensate	•	
Reason(s) for filling (Check proper botal)  Reason(s) for filling (Check proper botal)  Reacompletion Change in Transporter of Change in Transporter of Change in Transporter of Change in Ownership Cassinghead Gas X Condensate  E1 Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499  DESCRIPTION OF WELL AND LEASE  Lisses Name  San Juan 32–9 Unit 64 Blanco Mesaverde  San Juan 32–9 Unit 64 Blanco Mesaverde  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Unit Letter M : 425 Feet From		U01 61 393
New Well		
New Well   Change in Transporter of:		Other (Please explain)
New Well   Casinghead Gas   Change in Ownership of the name and address of previous owner.   E1 Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499		DIST. 3
change of ownership contends of the contends o		
Change of ownership give name  E1 Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499  DESCRIPTION OF WELL AND LEASE Lesse Name San Juan 32–9 Unit 64 Blanco Mesaverde  San Juan 32–9 Unit 64 Blanco Mesaverde  San Juan 32–9 Unit 64 Blanco Mesaverde  Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Line of Section 2 Township 31N Range 9N NAMPM, San Juan County  Line of Section 7 Township 31N Range 9N NAMPM, San Juan County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil O or Condensate of Condensate o	Hecompletion	
DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including Formation   State, Federal or Fee   STATE   E-5381-   Lease No.   State, Federal or Fee   STATE   E-5381-   Location   Lo	Change in Ownership Casinghead Gas Congensate	
San Juan 32-9 Unit   64   Blanco Mesaverde   State, Federal or Fee   STATE   E-5381-   Location   Unit Letter   M	If change of ownership give name and address of previous owner El Paso Natural Gas,	P. O. Box 4990, Farmington, NM 87499
San Juan 32-9 Unit   64   Blanco Mesaverde   State, Federal or Fee   STATE   F-5381-   Location   Unit Letter   M   : 425   Feet From The   South   Line and   769   Feet From The   West	IL DESCRIPTION OF WELL AND LEASE	
San Juan 32-9 Unit 64 Blanco Mesaverde  STATE F-5381- Location Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Line of Section 2 Township 31N Range 9W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate F  Conoco Inc. Surface Transporter  Range 9W NMPM, San Juan County  Address (Give address to which approved copy of this form is to be sent)  P. O. Box. 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. O. Box. 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. O. Box. 4690, Farmington, NM 87499  If well produces of or fliquids, give location of tanks, M 2 31N 9W Yes  When 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  Inhereby 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.  Senior Regulatory Analyst  All sections of this form must be filled out completely for allowable on new and recompleted with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompleted with the section of the well in accordance with RULE 1104.  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompletely for allowable on new and recompleted well and the deviation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of this form must be filled out completely for allowable on new and recompleted well and the complete of owner, well name and or number, or transporter of the complete of the service of the complete of the complete of owner, well name and or number, or transporter of t	Lease Name Well No. Pool Name, Including	State Federal or Fee
Line and 769 Feet From The West  Line of Section 2 Township 31N Range 9W NMPM San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate of P. O. Box 460, Hobbs, NM 88240  Range I Paso Natural Gas Or Dry Gas X Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4990, Farmington, NM 87499  If well produces oil or liquids, M 2 131N 9W 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 that from any other lease or pool, give comminging 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 that it in form is to be fitted in compliance with RULE 110.  APPROVED  TITLE SUPERVISOR DISTRICT BY  This form is to be fitted on compliance with RULE 110.  If this is a request for allowable for a newly drilled or deepened well, this form must be accomance with RULE 110.  This form is to the fitted out completely for allowable on new and recompleted well in accordance with RULE 110.  This form is to be fitted out completely for allowable on new and recompleted well in accordance with RULE 110.  If this is a request for allowable for a newly drilled or deepened well, this form must be accordance with RULE 110.  This form is to be fitted out completely for allowable on new and recompleted well in accordance with RULE 110.  Application of this form must be fitted out completely for allowable on new and recompleted well fit out only Section I, II, III, and VI for changes of owner, well name and or number, of transponents of the		CTAIL IF FOO
Unit Letter M : 425 Feet From The South Line and 769 Feet From The West  Line of Section 2 Township 31N Range 9W .NMPM, San Juan county  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate 1 Conoco Inc. Surface Transporter P. 0. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. 0. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. 0. Box 4990, Farmington, NM 87499  If well produces oil or liquids, give location of tarks.  If well 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  Thereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.  Senior Regulatory Analyst  Title Supervisor District set of this form must be accomplised with single out completely for allowable for a newly drilled or deepened well, this form must be accomplied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  This form is to be filled out completely for allowable or new and recomplisted with single on the deviation tests taken on the well in accordance with RULE 111.  This form is to be filled out completely for allowable on new and recomplisted with single on the deviation tests taken on the well in accordance with RULE 111.  This form is to be filled out completely for allowable on new and recompleted with single on the deviation tests taken on the well in accordance with RULE 111.  This form is to be filled out completely for allowable on new and recompleted with single on the deviation tests taken on the well in accordance with RULE 111.  Adaption of this form must be filled out completely for allowable on new and recompleted with single out of the deviation tests taken		3010145
Line of Section 2 Township 31N Range 9H NMPM, San Juan County  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. Surface Transporter  Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. 0. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. 0. Box 4990, Farmington, NM 87499  If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  M 2 31N 9W 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  Thereby 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.  Senior Regulatory Analyst  Title Supervisor District To a newly drilled or deepened well, this form must be accupated by a tabulation of this form must be filled out completely for allowable on rew and recompleted to the part of this form must be filled out completely for allowable on rew and recompleted to the part of this form firm the filled out completely for allowable on rew and recompleted to the part of this form firm the filled out completely for allowable on rew and recompleted to the part of this form firm the filled out completely for allowable on rew and recompleted to this form must be filled out completely for allowable on rew and recompleted to the part of this form firm the filled out completely for allowable on rew and recompleted to the part of this form must be filled out completely for allowable on rew and recompleted to the part of the fill out only Section I, II, II, and VI for changes of owner, well name and or number, or trans		South Line and 769 Feet From The West
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate of Connect Inc. Surface Transporter  Name of Authorized Transporter of Oil or Condensate of Pass Natural Gas or Dry Gas Gas or	Unit LetterI'I = 423 Feet From The	Clife and
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate of Cond	2 - 31N	Bange GW NMPM San Juan <u></u> ∞
Name of Authorized Transporter of Oil or Condensate State Conoco Inc. Surface Transporter  Name of Authorized Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter or Dry Gas State Conoco Inc. Surface Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter of Casinghead Gas or Dry Gas State Conoco Inc. Surface Transporter or Dry Gas State Conoco Inc. Surface Conoco Inc	Line of Section Z Township 3119	12.92
Name of Authorized Transporter of Oil or Condensaters  CONOCO Inc. Surface Transporter  Name of Authorized Transporter of Casinghead Gas or Dry Gas of El Paso Natural Gas  El Paso Natural Gas  If well produces oil or liquids, give location of tanks, give location of tanks, give location of tanks.  If well produces oil or liquids, give location of tanks, give location of tanks.  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.  Senior Regulatory Analyst  Title  Supervisor District Total  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 accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well. This production is the deviation tests taken on the well in accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well. This production is the deviation tests taken on the well in accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well. This production is the deviation tests taken on the well in accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well. This production is the deviation tests taken on the well in accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well. This production is the deviation tests taken on the well in accordance with RULE 1111.  All sections of this form must be filled out completely for allowable on new and recompleted well.	W THE CONTRACT OF TRANSPORTER OF OIL AND NATIONAL G	SAS
Conoco Inc. Surface Transporter  Name of Authorized Transporter of Casinghead Gas or Dry Gas S  El Paso Natural Gas  If well produces oil or liquids, give location of tanks.  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.  (Signature)  Senior Regulatory Analyst  (Title)  P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4990, Farmington, NM 87499  Is gas actually connected?  When  Yes  It was gas actually connected?  When  Ye	Allogo of Authorized Transporter of Oil Or Condensate 5	Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4990, Farmington, NM 87499  If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  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  Thereby 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.  Senior Regulatory Analyst  (Title)  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 accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted well in accordance with RULE 111.		P. O. Box 460, Hobbs, NM 88240
# well productes oil or liquids, give location of tanks.  # will producte oil or liquids, give location of tanks.  # will producte oil or liquids, give location of tanks.  # 2 31N 9W Yes  # when Yes	Alarma of Authorized Transporter of Casinghead Gas : or Dry Gas S	Address (Give address to which approved copy of this form is to be sent)
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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.  Senior Regulatory Analyst  (Title)  OIDCHSERVATION DIVISION  APPROVED  APPROVED  TITLE  SUPERVISOR DISTRICT To a newly drilled or deepened well, this form must be acceptanted 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 well. It is fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport.	If well produces oil or liquids,	)W Yes
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assis a see - I for this such change or construct.	1025	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or train or other such change of condition.
(Date) Separate Forms C-104 must be filed for each pool in multiply completed wells.		

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