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

NO. OF COPIES RECEI	VED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSPORTER	GAS	
OPERATOR	Г	
PROBATION 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 ALLOWARIE

[442]		, iLuoLoi i	0117122011712					
OPERATOR		,	AND					
PRORATION OFFICE	AUTHOR	IZATION TO TRANS	SPORT OIL AN	ID NATURAL GA	<u>s</u>			
						To none		
Operator				Í		- , , , , , , , , , , , , , , , , , , ,	31	
Tenneco Oil Compa	inv							
Address				<u></u>	007	· · · · · · · · · · · · · · · · · · ·	*	
D O Pov 2240 E	ing I awaad	CO 001EE			UUT :	32 1355	•	
P. O. Box 3249, F. Reason(s) for filing (Check proper box)	ng rewood,	rn vntaa	Oth	er (Please explain)				
	Transporter of			, ,	· · · · · ·			
	Transporter of:					* - 1		
Recompletion Oil		☐ Dry Gas	j					
A Change in Ownership	nghead Gas	LX Condensate						
If change of ownership give name and address of previous owner	El Paso Na	ntural Gas. I	P. O. Box	4990. Farmir	ngton. N	87499		
I. DESCRIPTION OF WELL AND	LEASE							
Lease Name	Well No.	Pool Name, Including For	mation	Kind of L	ease deral or Fee	USA	Lease No.	
San Juan 32-9 Uni	t 33	Blanco Mesa	Verde	Siate, 1 E	delai di rec	SF	078509	
Location		I DIMICO IICSU	701.00			<u></u>		
Unit Letter M:	1180	Feet From TheSC	outh L	ine and <u>1090</u>	Feet	From The West	·	
		211	_	014		Ca 1	_	
Line of Section 6	Township	31N	Range	<u>9W</u>	, NMPM,	<u>San Juan</u>	County	
II. DESIGNATION OF TRANSPOR		ND NATURAL GAS	Address (Give ad	ddress to which approved	copy of this form	is to be sent)		
Conoco Inc. Surfa				<u>Box 460, Hot</u>		88240		
Name of Authorized Transporter of Casinghead (ias 🗆 or Dry Gas 🗶		Address (Give ad	ldress to which approved	copy of this form	is to be sent)		
El Paso Natural G	às		P. O. I	Box 4990, Fa	rminator	. NM 87499)	
	Unit Sec.	Twp. Rge.	is gas actually c		When	<u>.</u>		
If well produces oil or liquids, give location of tanks.	M 6	31N 9W	Yes		į			
				•				
f this production is commingled with that from an	y other lease or pool, gi	we commingling order numb	per					
NOTE: Complete Parts IV and V o	n reverse side i	if necessary.						
/I. CERTIFICATE OF COMPLIANCE				OH CON	SERVATION	DIVISION	40	
hereby certify that the rules and regulations of with and that the information given is true and			1.	51	7		, 19	
Λ	`		BY	- Drank	~/.\Y	was f		
// / 2.5	·/		TITLE	SUPERVISOR D	ISTRICT T	γ		
Statt M-K	nuy		_ TITLE	to be filed in compliance	e with RULE 1104			
Senior Regulatory	Analyst		11	equest for allowable for outlation of the deviation	•			
(Title)			All sections of	All sections of this form must be filled out completely for allowable on new and recompleted walls				
OCT 1 1985				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.				
(Date)				Separate Forms C-104 must be filed for each pool in multiply completed wells.				