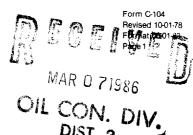
STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECE	IVED	
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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenneco Oil Company E	C P WRMD							
Address	W 1 WINID							
P. O. Box 3249, Englew	ood CO 80	0155						
Reason(s) for filling (Check proper box)				Other (Please ex	rolaini			
				Other (r lease ex	piam)			
	Transporter of:							
Recompletion Oil Change in Ownership Cas		☐ Dry Ga		Well Name				
Change in Ownership Cas	inghead Gas	Conder	nsate	METT MOUNE				
and address of previous owner		ıral Gas,	P.O.	Box 4990, Farm	ington, NM 1	87499		
II. DESCRIPTION OF WELL AND Lease Name	Well No.	Pool Name, Inclu	iding Forma	tion	Kind of Lease	USA	Lease No.	
Van Hook LS	1	Blanco-	•		State, Federal or Fee	SF	080424	
Location		Didiico i					000424	
	800	Feet From The _	S	Line and	1090	Feet From The		
Line of Section 2.7	Township	32N		Range 11W	, NMPM.	San Juan	County	
III. DESIGNATION OF TRANSPOR		ND 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 Transportation				P. O. Box 460, Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas 🗆 or Dry Gas 💢			Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas				P. O. Box 499	90, Farmingt	ton, <mark>NM</mark> 87499	1	
	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When			
If well produces oil or liquids, give location of tanks.	M 27	32N	11W	Yes	i			
If this production is commingled with that from a	ny other lease or pool, g	ive commingling on	der number					
NOTE: Complete Parts IV and V	on reverse side	if necessary.						
VI. CERTIFICATE OF COMPLIAN	CE			ll c	DIL CONSERVAT	ION DIVISION	_	

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.

Sr. Regulatory Analyst

1986 MAR

(Date)

APPROVED BY SUPERVISOR DISTRICT

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 walls. 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.