## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	MED	
DISTRIBUTION		
SANTA FE		
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U.\$.8.\$.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		Γ

(Date)

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 10-01-78 Format 05-01-83



Operator											
TENNECO OIL COMPANY											
Address											
P.O. BOX 3249, ENGLEWOOD, COLORADO 80155											
Reason(s) for filling (Check proper box)	_					Other (Please exp	Hainj				
New Well Change in	Fransporter (	of:				Change i	in Transi	porte	r		
Recompletion Oil			Dry G	B\$		Effective 12-01-87					
Change in Ownership Casir	ghead Gas		Conde	nsate							
If change of ownership give name and address of previous owner	<u>,                                      </u>		<del>-</del>					<u> </u>			
II. DESCRIPTION OF WELL AND L	EASE	# Ata	ool Name, Inc	Ludino Forma	tion	<del></del>	Kind of Lease	<del> </del>			Lease No.
Lease Name	"	,		-			State, Federal	or Fee	FED.	SF	080004
FLORANCE	58	3	Blanco	PL							
Location				Carre	- h	1	1060			West	}
Unit Letter M :	<u>855</u>		Feet From The	Sout	<u>, [1</u>	Line and	-	Fee	t From The		
7.4	Townst	nio 30	N		Range	9W	, 1	ІМРМ,	San J	uan	County
Line of Section 14	1 Centrel	16D JO									
DECICALATION OF TRANSPOR	TER OF	OII AND	NATURA	L GAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil 🗇 or Condensate 💥				Address (C	is (Give address to which approved copy of this form is to be sent)						
CONOCO			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.0.	BOX 4990	, FARMIN	IGTON,	NM	<u>87401</u>			
EL PASO NATURAL DAS	Unit	Sec.	Twp.	Rge.	is gas act	ually connected?	v	Vhen			
If well produces oil or liquids, give location of tanks.	М	14	29N	9W	Yes						
If this production is commingled with that from an	y other lease	or pool, give	commingling	order number			<del></del>				<del></del>
NOTE: Complete Parts IV and V	on revers	e side ii	riecessar)								
OIL CONSERVATION DIVISION											
VI. CERTIFICATE OF COMPLIANCE						, 19					
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.							, o o v <b>v</b> o	1001			
and the right one another and another another and another another and another another and another anot			BY — The state of								
				7171 5	TITLE						
			''''	TITLE SUPERVISION DISTRICT # 3							
121 11111111111111111111111111111111111				11	This form is to be filed in compliance with RULE 1104.						
Michael D. Gammon (Signature)				If this	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.						
Sr. Administrative Analyst					All sections of this form must be filled out completely for allowable on new and recompleted walls						
(Title) Fill out only Section I, II, III, and Vt for changes of owner, well name and or number, or tra											
11/25/87						such change of cor		-			

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