

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
SEP 06 1985  
OIL CON. DIV.  
DIST. 3

I.

Operator  
**Tenneco Oil Company E & P WRMD**

Address  
**P. O. Box 3249, Englewood, CO 80155**

Reason(s) for filing (Check proper box)

New Well      Change in Transporter of:  
 Recompletion       Oil       Dry Gas  
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)  
**Well Name**

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gartner LS</b>	Well No. <b>1 A</b>	Pool Name, Including Formation <b>Blanco-MV</b>	Kind of Lease State, Federal or Fee <b>USA SF</b>	Lease No. <b>080597</b>
Location				
Unit Letter <b>C</b>	<b>1170</b>	Feet From The <b>N</b>	Line and <b>1840</b>	Feet From The <b>W</b>
Line of Section <b>28</b>	Township <b>30N</b>	Range <b>8W</b>	NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>C</b> Sec. <b>28</b> Twp. <b>30N</b> Rge. <b>8W</b>	<b>Yes</b>

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.

*Scott M. Kinney*  
(Signature)

Sr. Regulatory Analyst

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**  
BY *Frank J. Dancy*  
TITLE **SUPERVISOR DISTRICT 3**

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 wells.  
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.

