STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

NO. OF COPIES RECEI	v∉D	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS	
l. Operator		
·		
Tenneco Oil Company	Dron Hi	
P. O. Box 3249, Englewood, CO 80155	967 02 1385 - EU	
Reason(s) for filling (Check proper box)	Other (Please explain)	
New Weil Change in Transporter of:		
Recompletion Oil Dry Gas	* Aller of	
Change in Ownership Casinghead Gas Condensate		
	O. Box 4990, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Format	ion Kind of Lease USA Lease No.	
Lease Halle	State, receiator ree	
San Juan 32-9 Unit 94 Blanco PC Ex	0.	
Unit Letter : 800 Feet From The Sout	h Line and 800 Feet From The West	
Line of Section 18 Township 31N	Range 9W NMPM, San Juan county	
OF OUR AND MATURAL CAR		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X	Address (Give address to which approved copy of this form is to be sent)	
'	P. O. Box 460, Hobbs, NM 88240	
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas T	P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499	
Unit Sec. Twp. Rge.	is gas actually connected? When	
If well produces oil or liquids, give location of tanks. M 18 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	OIL CONSERVATION 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.	APPROVED, 19	
with and that the information given is true and complete to the best of my knowledge and belief.	BY Tranker. Savey	
/) ,	TITLE	
YAT MEN	TITLE	
(Signature)	This form is to be filed in compliance with RULE 1104.	
Senior Regulatory Analyst	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.	
(Title)	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 transporte or other such change of condition.	

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