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

NO. OF COPIES RECE	IVED		
DISTRIBUTION	i		
SANTA FE			
FILE			
U.S.G.S.		Γ	
LAND OFFICE			
TRANSPORTER	OIL		Г
	GAS		
OPERATOR			
PRORATION OFFICE			

1.

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

Format 06-01-83

Form C-104

Revised 10-01-78

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CON. DIV.

Operator			·					
Tenneco Oil Comp	oany						ŀ	
Address	<u> </u>							
P. O. Box 3249,	Englewood	, CO 80	155					
Reason(s) for filing (Check proper box)				Other (Please e)	(plain)			
New Well Change in 1	Transporter of:	_						
Recompletion Oil		☐ Dry G	ìas					
Change in Ownership Casin	ighead Gas	LX Cond	ensate					
If change of ownership give name and address of previous owner E7 P	aso Natura	1 Gas Co	ompany,	Box 4990, Farr	nington, NM	87499		
II. DESCRIPTION OF WELL AND L								
Lease Name Well No. Pool Name, Including Format					Kind of Lease State, Federal or Fee	USA	Lease No.	
San Juan 32-9 Unit 23A Blanco Mesa			averde		SF	078509		
Unit Letter F :	1600	_ Feet From The	<u>Nor</u>	th Line and	1490 Fe	et From The Wes	<u>t</u>	
Line of Section 5	Township	31N		Range 9W	. NMPM.	San Juan	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND 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 Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)			P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)					
	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499							
El Paso Natural Gas			15		When	0149	9	
if well produces oil or liquids,	Unit Sec.	тwp. 31N	Rge.	Is gas actually connected?	wnen			
give location of tanks.	<u> </u>	31N	j JW	162	i			
If this production is commingled with that from any	other lease or pool, gi	ve commingling (order number					
NOTE: Complete Parts IV and V or	n reverse side i	f necessary	<i>'</i> .					
VI. CERTIFICATE OF COMPLIANC	E			ll d	OIL CONSERVATIO	N DIVIGIONO _	9 100G	
I hereby certify that the rules and regulations of t	APPROVED		TVVAIT -	ုပု ₉ 1300				
with and that the information given is true and complete to the best of my knowledge and belief.				BY	Trank	S. Savey		
()			SUPERVISOR DI PRICT # 9					
ann Jolline			TITLE This form is to be filed in compliance with RULE 1104.					
(Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accom-					
Administrative Op	panied 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 wails. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,				
February 27, 1986				or other such change of condition.				
(Da	(0 /			Separate Forms C-104 mu	ist be filed for each pool in	n multiply completed we	lls.	