STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE			
DISTRIBUTION			
SANTA PE			
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U.S.G.S.		_	_
LAND OFFICE			_
	OIL		_
TRANSPORTER	GAS		
OPERATOR			匚
PRORATION OFFICE			L

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

RORATION OFFICE	AUTHONIZ	A11011 10 110						
Operator Tenneco Oil Company								
P.O. Box 3249, Engle	wood, CO	80155				- (a in l		
Reason(s) for filing (Check proper box)			19	Other (Please ex	piem)			
	ransporter of:				Effect	ive 12/1/87		
Recompletion Oil Dry Gas			Effective 12/1/87					
	ghead Gas	K Condensat	le					
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND L	EASE Well No.	Pool Name, Includin	e Formatio	on .		Kind of Lease		Lease No.
Lease Name	446140	Blanco P				State, Federal or Fee	FED	SF+078042
Giomi Com A	1R	Dianeo i	<u> </u>					
Location	1010	F 5 7ho	Sout	th	Line and	1810	eet From The	West
Unit Letter N	1010	Feet From The						
Line of Section 28	Township	30N		Range	9W	, NMPM.	San Jua	an County
	OF OU A	NO NATIONAL	GAS					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X			Address (Gr	ddress (Give address to which approved copy of this form is to be sent)				
			P.O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)					
CONOCO Name of Authorized Transporter of Casinghead	Gas 🗀 or Dry Gas 🗆	X		Address (G	ive address to wi	nich approved copy of this	TOTTI IS TO DE SOI	87401
El Paso Natural Gas		^		P.O.	Box 49	90, Farmingto	on, mm	0/401
El Paso Naculul dus	Unit Sec.	Two. P	ge.	is gas actu	ally connected?	i anien	†	!
It well produces oil or liquids, give location of tanks.	N 28	30N	9W	Yes		i		
ove location or same. If this production is commingled with that from a	ny other lease or pool,	give commingling orde	er number_					
If this production is continuing to the same of the		if necessary.						
NOTE: Complete Parts IV and V	on reverse side	, il licocood.						
VI. CERTIFICATE OF COMPLIAN	ICE			11		SIP CONSELAR	PON DIVISI	ON 10
	A AND CARRENATIO	n Division have been	complied	APPRO	OVED	11012		, 19
i hereby certify that the rules and regulations of with and that the information given is true and	d complete to the ber	st of my knowledge a	nd belief.	BY	3	1) Cham		
1/0				" -			от сер # 3 .	
Lange Carron -		TITLE SUPERVISION DISTRICT # 3						
		This form is to be filed in compliance with RULE 1104.						
Miles I D Common (S	ignature)			If this	is a request for	allowable for a newly dri	iled or deepened	well, this form must be accordance with RULE 111.
Michael D. Gammon (Signature) Sr. Administrative Analyst			panied 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 wal					
Sr. Administrative An	(Title)			Fill OL	ut only Section 1.	II, III, and VI for changes of	of owner, well nar	ne and or number, or transporte
11/13/87				or other	such change of	condition.		
11,10,0	(Date)			Separ	rate Forms C-10	I must be filed for each p	ool in multiply co	ompieted wells.