STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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***

NOV 1 6 1587

Operator	OL COM. WY		
Tenneco Oil Company	<u> </u>		
P.O. Box 3249, Englewood, CO 80155			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas X Condensate	Effective 12/1/87		
f change of ownership give name address of previous owner			
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formati	on Kind of Lease Lease No.		
Riddle 8X Blanco PC	State, Federal or Fee FED. SF-080244		
Location Unit Letter I : 1820 Feet From The Sout	h Line and 1095 Feet From The East		
2011	Range 9W , NMPM, San Juan county		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X CONOCO Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, T 7 30N 9W	Address (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) P.O. Box 4990, Farmington, NM 87401 Is gas actually connected? When 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.	OIL CONSERVATION DIVISION		
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.	APPROVED NOV 1 6 1987 , 19		
Michael D. Gammon (Signature) Sr. Administrative Analyst (Trile) 11/13/87 (Date)	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 walls. Fill out only Section 1, 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.		