

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

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AUG 01 1985

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.  
DIST. 3

I. Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, Colorado 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Well Name

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mudge LS	Well No. 7	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee. Fee	Lease No.
Location Unit Letter <u>M</u> : <u>798</u> Feet From The <u>South</u> Line and <u>980</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>31N</u> Range <u>11W</u> NMPM. <u>San Juan</u> 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"/> Conoco Inc., Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23
	Twp. 31N	Rge. 11W
	Is gas actually connected? 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

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.

Steve Lenta  
(Signature)  
Administrative Analyst II  
(Title)  
July 28, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dancy AUG 01 1986  
BY Supervisor  
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.