

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DEC 31 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

I. Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 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 checked="" type="checkbox"/> Condensate Well Name

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 10	Pool Name, Including Formation Blanco PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078147
Location Unit Letter <u>I</u> : <u>1690</u> Feet From The <u>South</u> Line and <u>980</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>32N</u> Range <u>12W</u> NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

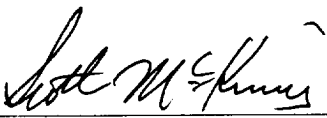
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 12	Twp. 32N	Rge. 12W	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number _____

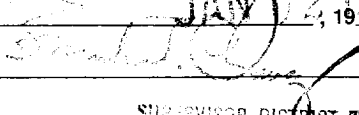
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


(Signature)
Senior Regulatory Analyst
JAN 1 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED  JAN 2 1986
BY _____
TITLE _____ SUPERVISOR DISTRICT # _____

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.