STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED	
DISTRIBUTION	NC	
SANTA FE	1	
FILE		
U.S.Q.S.	•	_
LAND OFFICE		_
TRANSPORTER	OIL	_
	GAS	
OPERATOR		7
PRORATION OFFICE	E	┪

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

LAND OFFICE			
TRANSPORTER GAS REQUEST FO	DR ALLOWABLE		
OPERATOR	AND		
PRORATION OFFICE AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
<u> </u>			
Operator	0, 7		
Tenneco Oil Company - (1986)			
Address	(7) (36)		
P.O. Box 3249, Englewood, CO 80155			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion UII Dry Gas			
Change in Ownership Casinghead Gas Condensate			
	y, P.O. Box 4990, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Totalie, modeling rome	nation Kind of Lease State, Federal or Fee USA Lease No.		
SJ 28-7 Unit 205 Largo Chacra			
Location	V/ 004U		
Unit Letter 0: 950 Feet From The Sout	th Line and 1750 Feet From The East		
Line of Section 18 Township 27N	Range 7W , NMPM, Rio Arriba County		
III DECICALATION OF TRANSPORTER OF OU AND MATURAL CAS			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate or Condensate	Address (Give address to which approved copy of this form is to be sent)		
į X	Access (and 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	P.O. Box 460, Hobbs, NM 88240		
1 - ~	Address (Give address to which approved dopy of this form is to be sent)		
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499		
If well produces oil or liquids,	Is gas actually connected?		
give location of tanks.	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	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVED		
with and that the information given is true and complete to the best of my knowledge and belief.			
BY			
1 1 11 16 6/	TITLE STATE OF STATE		
Shift Illokum	TITLE		
(Signature)	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-		
Sr. Regulatory Analyst	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 walls.		
OCT 1 1985	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.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.		