

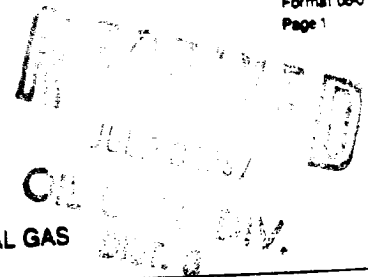
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator: **TENNECO OIL COMPANY**
Address: **P.O. BOX 3249, ENGLEWOOD, COLORADO 80155**
Reasons for filing (Check proper box):
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☒ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain): **THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA**

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: **Davidson B** Well No: **1** Pool Name, including Formation: **Ful-Kutz** Kind of Lease: **Federal** SF- **077383**
Location: **G** : **1612** Feet From The **N** Line and **1700** Feet From The **E**
Unit Letter: **G** : **1612** Feet From The **N** Line and **1700** Feet From The **E**
Line of Section: **28** Township: **28W** Range: **10W** NMPW: **San Juan** County: _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ : _____ Address (Give address to which approved copy of this form is to be sent): _____
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ : **SUNTERRA GAS GATHERING COMPANY** Address (Give address to which approved copy of this form is to be sent): **P.O. BOX 1899, BLOOMFIELD, NM 87413**
If well produces oil or liquids, give location of tanks: _____ Unit: _____ Sec: _____ Twp: _____ Rge: _____
Is gas actually connected? _____ 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)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

OIL CONSERVATION DIVISION
APPROVED: , 19 **1987**
BY: _____
TITLE: **SUPERVISION 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 transport or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.