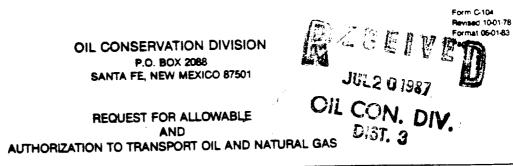
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

HO. OF COPIES RECEP	VED	
DISTRIBUTION		
BANTA FE		
FILE		
U.S.O.S		L.,
LAND OFFICE		
	OIL	
TRANSPORTER	BAS	
OPERATOR		
PRORATION OFFICE		



<u> </u>			
Operator Operator			
TENNECO OIL COMPANY			
P.O. BOX 3249, ENGLEWOOD, COLORADO 801	155		
Reason(s) for filing (Check proper box)	Other (Please explain)		
THE TRANSPORTER'S NAME CHANGED			
Recompletion Oil X Dry Gas	SOUTHERN UNION TO SUNTERRA		
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE	ion Kind of Lease S		
Lease Name Well No Pool Name, including Formati	State Faderal or Fee Federal 0770852		
Olmer A 2E Ctere Chacra	1000101 0775002		
D . 890 Feet From The North	th Lineand 890 Feet From The West		
Unit Letter Feet From the			
Line of Section 35 Township 28N	Range 10W NMPM San Juan county		
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. BOX 460, Hobbs, NM 88240—0460 Address (Give address to which approved copy of this form is to be sent. P.O. BOX 1899, BLOOMFIELD, NM 87413		
Unit Sec Twp. Rge.	is gas actually connected? When		
If well produces oil or liquids, give location of tanks.			
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. APPROVED			
with and that the information given is true and complete to the best of my knowledge and belief.			
TITLESUPERVISION DISTRICT # 5			
Here Dun	COLO JULIO This form is to be filed in compliance with RULE 1104		
(Signature) ADMINISTRATIVE SUPERVISOR If this is a request for allowable for a newly drilled or deepened well, this form must be accordance with RULE 111. ADMINISTRATIVE SUPERVISOR			
AUMINISTRATIVE SUPERVISOR	All sections of this form must be filled out completely for allowable on new and recompleted wall		
6/29/87	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.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells		