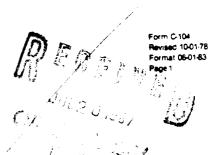
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	OIL		L.
TRANSPORTER	GAS		
OPERATOR			
PROBATION OFFICE			L

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PERATOR PROPERTY OF THE PROPER	AUTHORIZ	ATION TO TRANSPO	RT OIL AND NATURA	AL GAS * *	•
Operator TEALNECO OTI	COMPANY				
TENNECO OIL					
Address P.O. BOX 324	9. ENGLEWOOD	, COLORADO 801	55		
Reason(s) for filing (Check proper box)					E CHANCED EDOM
Change in Transporter of:		THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA			
Recompletion Oil		Dry Gas	SOUTHER	W MUTON TO SON	I ERRA
Change in Ownership Ca	singhead Gas	Condensate			
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE	Pool Name, Including Formation	20	Kind of Lease	Lease No
Lasse Name	100			State: Federal or Fee	
Olmer A	7E	Basin DK			,
Location	16220	5	Line and	1150_ Feel Fr	om The
Unit Letter ; _	1000	Feet From The	1.01	,	San Juan county
Line of Section 36	Township	28N	Range 10h	. NMPM	Juli Guali Cadrily
Die O. Jacks					
III. DESIGNATION OF TRANSP	ORTER OF OIL A	ND NATURAL GAS	Address (Give address to white	ch approved copy of this form i	s to be sent:
Name of Authorized Transporter of Oil E CONOCO, INC.	k Condensate 11.		Box 460, Hobbs	s, NM 88240-04	60
At A demonstration of Casingha	ad Gas 🖺 or Dry Gas 🖸		Address (Give address to whi	, BLOOMFIELD,	NM 87413
SUNTERRA GAS GATHER	ING COMPANY		is gas actually connected?	When	
	Unit Sec	Twp. Rge	Is gas actually connected:		· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.		i	<u> </u>		
If this production is commingled with that from	m any other lease or pool,	give commingling order number			
NOTE: Complete Parts IV and	V on reverse side	if necessary.			
			1i	OIL CONSERVATION	NOTSTON
VI. CERTIFICATE OF COMPLIA	ANCE	Teileman namalier	APPROVED	JUL 2) <u>1987 </u>
I hereby certify that the rules and regulation with and that the information given is true	ns of the Oil Conservation	t of my knowledge and belief.		3.17) /
with and that the information given is true			BY		8
			TITLE	SUPERVISION	DISTRICT # 3
Stew De	1113		This form is to be filed	in compliance with RULE 110	
sun fr	(Signature)		31 .		r deepened well this form must be accome well in accordance with RULE 111.
ADMINISTRATIVE SI	JPERVISOR		All exclines of this form	must be filled out completely	Or Sliowable on use and recombining man
	(Trie)		Fill out only Section I. I	i, III. and VI for changes of owr	er, well name and or number, or transport
6/29/87			or other such change of a	condition must be filled for each pool in	multiply completed wells
	(Date)		II SEPTEMBER OF THE STATE OF TH		