## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Administrative Supervisor

December 1, 1986

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

DEC 0 8 1986

SUPERVISOR DISTRIP

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 walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,

Separate Forms C-104 must be filed for each pool in multiply completed wells

OIL CON. DIV.

PRORATION OFFICE	AUTHORIZ	ZATION TO	TRANSF	PORT OIL	AND NATUR	ral gas Dis		
1.						0	· 3	
Operator								
Tenneco Oil Company	-							
Address			•					
P.O. Box 3249, Englew	rood, CO 🛚	80155						
Reason(s) for filing (Check proper box)			•		Other (Please exp	plain)		
New Well Change in Tra	insporter of:	r of:			566 4: 3/3/07			
Recompletion Oil		Dry Gas			Effective 1/1/87			
Change in Ownership Casingh	ead Gas	X Conder	nsate					. <u>-</u> -
If change of ownership give name and address of previous owner						<del> · · · · · · · · · · · · · · · · · ·</del>		
Lease Name	Well No.	Pool Name, Inclu	iding Forms	ition		Kind of Lease State, Federal or Fee		Lease No.
Florance	25	Blanco	Mesa	verde		State, receiat or rec	<u>Federal S</u>	F-080245
Location								
Unit Letter A ;	990	Feet From The _	Nort	h	Line and	990	Feet From The <u>Eas</u>	<u>t</u>
Line of Section 22	Township	29N		Range	9W	, NMPM,	San Juan	County
III. DESIGNATION OF TRANSPORTE	R OF OIL AN	D NATURAL	GAS					
Name of Authorized Transporter of Oil 🗆 or Cond	ansate 🔏	<del></del>		Address (G	ve address to which	h approved copy of this	form is to be sent	
Name of Authorized Transporter of Oil or Condensate A Address IGive address to which approved copy of this form is to be sently 877 East Via De Ventura, Ste. 100 Petro Source Corporation Scottsdale, AZ 85258								
Name of Authorized Transporter of Casinghead Gas	□ or Dry Gas □			Address (G	ive address to which	h approved copy of this	form is to be sent)	
506				l				
If well produces oil or liquids, give location of tanks.	Jnit Sec. A 22	Twp. 29N	Rge. 9W	is gas actu	ally connected?	When		
If this production is commingled with that from any of	ther lease or pool, giv	e commingling or	der number					
NOTE: Complete Parts IV and V on	reverse side if	necessary.						
VI. CERTIFICATE OF COMPLIANCE					-	IL CONSERVAT	ION DIVISION	8 <b>1986</b>
I hereby certify that the rules and regulations of the with and that the information given is true and con	Oil Conservation Di	ivision have been f my knowledge a	complied and belief.	APPRO	VED	5	, — UT/U U	0, 16 <u>700</u>

TITLE

This form is to be filed in compliance with RULE 1104.

or other such change of condition.