STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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DISTRIBUTION			
SANTA FE			
FILE			_
U.S.G.S.			Г
LAND OFFICE			
	OIL		Г
TRANSPORTER	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



OPERATOR PRORATION OFFICE	ALITHOF	RIZATION TO	-	IND PORT OIL AND NATUR	RAL GAS NO	V 1 6 198	7		
1.	2011101		, 11 PAING	OIII OIL AID NAIO		ON. [
Operator O i 7 Common of the c					OIL	DITTO			
Tenneco Oil Company	, 					DIST. 3			
P.O. Box 3249, Engl	ewood, CO	80155							
Reason(s) for filing (Check proper box)	son(s) for filing (Check proper box)				Other (Please explain)				
lm — "				[ffcctive 12/1/07					
Recompletion	inghead Gas	Dry G	ias Jensate	ETTECLI	Effective 12/1/87				
If change of ownership give name and address of previous owner									
II. DESCRIPTION OF WELL AND	LEASE								
Lease Name	Well No.	Pool Name, Inc	cluding Form	ation	Kind of Lease State, Federal or Fee	_]	Lease No.		
Florance	41	Blanc	o MV		0.000	SF-	080246		
Location					074				
Unit Letter A :	930	Feet From The	NO	rth Line and	874 Feet From TI	East			
Line of Section 27	Township 2	29N		Range 9W	, NMPM, San	Juan	County		
III. DESIGNATION OF TRANSPOR	RTER OF OIL A	ND NATURA	AL GAS						
Name of Authorized Transporter of Oil 🗆 or C				· ·	h approved copy of this form is to be				
			P.O. Box 460	P.O. Box 460, Hobbs, NM 88240					
				· ·	Address (Give address to which approved copy of this form is to be sent)				
Sunterra Gas Gather	Sunterra Gas Gathering Company			P.O. Box 1899, Bloomfield, NM 87413 Is gas actually connected?					
If well produces oil or liquids, give location of tanks.	J	1.45.		a gas acidally commedite.	12, 12, 10, 100	*.			
If this production is commingled with that from a	ny other lease or pool,	give commingling	order numbe	ſ <u></u>					
NOTE: Complete Parts IV and V	on reverse side	if necessary	/ .						
VI. CERTIFICATE OF COMPLIAN	CE				IL CONSERVATION DIV	ISION			
, morely commy and the construction of the con			APPROVED	NOV 1 6 1987		, 19			
with and that the information given is true and complete to the best of my knowledge and belief.			BY 7	\ \1\ \neq \(\)					
//~	_			Das	1 Julian State of the State of				
			TITLE SUPERVISION DISTRICT # 5						
/ Kuma Consum			This form is to be filed in compliance with RULE 1104.						
michael D. Gammon	nature)				rwable for a newly drilled or deeper				
Sr. Administrative Analyst				panied by a tabelization 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					
11/9/87	1 RPG)		_	11	, and VI for changes of owner, well i		-		
(Date)				11	et he filed for each pool in multiply	completed wells	•		

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