

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

RECEIVED
JUL 20 1987
OIL CON. DIV.
DIST. 3

Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155	
Reasons for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	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 FLORANCE	Well No. 24	Pool Name, including Formation BLANCO MV	Kind of Lease State Federal or Fee SF	USA SF	Lease No. 080000
Location Unit Letter A : 790 Feet From The North Line and 990 Feet From The East					
Line of Section 23 Township 29N Range 9W NMPM San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, NM 88240-0460	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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
	Tw	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____
JUL 20 1987
BY _____
TITLE **SUPERVISOR DISTRICT # 3**
This form is to be used for wells in District # 3.
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 transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.