STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Tenneco Oil Company

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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 AND

DEC DATES

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Reason(s) for filing (Check proper box) New Well Change in Transporter of: Oil Or Gas Poor Name, including Formation Oil Or Gasinghead Gas Condensate Or Gasinghead Gas Or Dry	P.O. Box 324	9, Englew	ood, CO	80155						
Recompletion OII	Reason(s) for filling (Check proper box)						Other (Please	explain)		
Change in Ownership Casanghead Gas X Condensate	-					Effective 1/1/87				
Lease Name DESCRIPTION OF WELL AND LEASE Well No Pool Name, including Formation State, Federal or Fee Federal SF - 080246	<u> </u>	Casingh	ead Gas	[]						
Lease Name Florance 25-A Blanco Mesaverde State, Federal or Fee Federal SF-080246 Location Location		е								
Florance 25-A Blanco Mesaverde State, Federal or Fee Federal SF-080246 Location Unit Letter J : 1850	I. DESCRIPTION OF W	ELL AND LE	ASE							
Line of Section 22 Township 29N Range 9W NMPM San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Conservation Division have been compiled with that the information given is true and compilete to the best of my knowledge and belief. Petro Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with that the information given is true and complete to the best of my knowledge and belief. Steve Durio (Signature) Administrative Supervisor (Trifle) December 1, 1986	Lease Name				-					
Unit Letter J : 1850	Florance		25-A	Blanco	Mesav	erde		<u> </u>	<u>Federal</u>	SF-080246
Line of Section 22 Township 29N Range 9W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate A Reference of Comporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form, s to be sent) Address (Give address to which approved copy of this form, s to be sent) Address (Give address to which approved copy of this form, s to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks, J 22 29N 9W 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 hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE SUPERVISOR DISTRICT 112. All sections of this form must be filled out completely (cr allowable on new and recompleted wall fill this form must be filled out completely (cr allowable on new and recompleted wall fill out only Section 1, ii, ii, and VI for changes of owner, well name and or number, or transport or other such change of condition.	Location								_	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	Unit LetterJ	:	850	Feet From The	<u>_ Sout</u>	<u>h</u>	Line and	1470	Feet From The	.ast
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil = or Condensate A	Line of Section 22		Township	29N		Range	9W	, NMPM,	San Juan	County
Name of Authorized Transporter of Oil or Condensate A Petro Source Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Oive address to which approved copy of this form, is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Oive address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks If well produces oil or liquids, give location of tanks If well producing oil or liquids, give location of tanks If well producing 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 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. BY TITLE SUPERVISOR DISTRIB. All sections of this form must be filled in compliance with RULE 1104. 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 wal 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.		DANCDODI	ER OF OIL A	ND NATUR	AL GAS					
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Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks. It 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 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. BY SUPERVISOR DISTRIP 1104. 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 wall is accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wall is accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wall is accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wall is accordance with RULE 111. All sections of this form for the deviation tests taken on the well in accordance with RULE 111. All sections of this form for the deviation tests taken on the well in accordance with RULE 111. All sections of this form for 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 wall sections of this form for 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 wall sections of this form must be filled out completely for allowable on new and recompleted wall sections of this form must be filled out completely						8777	East Vi	a De Ventura	, Ste. 100)
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(Date) Separate Forms C-104 must be filed for each pool in multiply completed wells.	December 1, 1986				Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transported or other such change of condition.					
		(Date	·)			Separa	ite Forms C-104	must be filed for each po-	of in multiply comple	ted wells.