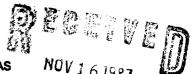
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	OIL		
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 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



PROPATION OFFICE	AUTHOR	ZATION TO TRANSF	PORT OIL AND NATU	RAL GAS N	OV 16 1987	U	
Operator Tenneco Oil Co	mpany			OIL	CON. DIV	<u>.</u> 1	
Address P.O. Box 3249	Englewood, CO	80155			6 (0), 3		
Reason(s) for filling (Check proper to			Other (Please ex	(plain)		· 	
New Well	Change in Transporter of:						
Recompletion	Oil	Dry Gas					
Change in Ownership	Casinghead Gas	ſ∇		Effective 12/1/87			
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WEL		Pool Name, Including Form	etion	I Kind of Lease		Lease No.	
Lease Name	Well No.	Blanco MV		State, Federal or Fee	FED. 9	1-006796	
Florance	20	Dianco HV		<u> </u>			
Unit Letter M	: <u>990</u>	Feet From TheS01	uthune and	990	Feet From TheWes	t	
Line of Section 25	Township 6	29N	Range 9W	, NMPM.	San Juan	County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL A	ND NATURAL GAS	Address (Give address to whi			· · · · · · · · · · · · · · · · · · ·	
			Address (Give address to who	. Box 460, Hobbs, NM 88240 Swe address to which approved copy of this form is to be sent)			
				Box 1899, Bloomfield, NM 87413			
Sunterra Gas G	Tunit Sec.	Twp. Rge.	te gas actually connected?	When	, 0711		
If well produces oil or liquids, give location of tanks.	M 25	29N 9W	Yes			·	
If this production is commingled with	that from any other lease or pool, (give commingling order numbe	·				
NOTE: Complete Parts IV	and V on reverse side	if necessary.					
VI. CERTIFICATE OF CO	MPLIANCE		11	OIL CONSERVAT	TON DIVISION		
I hereby certify that the rules and re with and that the information given	guiations of the Oil Conservation	Division have been complied of my knowledge and belief.		10V 1 6 1987	4	, 19	
,			BY	\			
Mana	(spring)		TITLE SUPERVI	SION DISTRI	,,		
Michael D Campo		· · · · · · · · · · · · · · · · · · ·	.	•	: 1704. led or deepened well, this	form must be acco	
Michael D. Gammon (Signature) Sr. Administrative Analyst			panied by a tabulation of t	•	•		
Sr. Administrati	(Trie)	<u> </u>	All sections of this form must be filled out completely for allowable on new and recompleted wal				
11/13/87			Fill out only Section I, II, or other such change of co		owner, well name and or	number, or transpor	
(Date)			Separate Forms C-104 must be filed for each pool in multiply completed wells.				