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

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OPERATOR		Т
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l									
Operator				*					
Tenneco Oil Company									
Address									
P.O. Box 3249, Englewo	ood, CO	<u>80155                                   </u>							
Reason(s) for filing (Check proper box)					Other (Please explain)				
New Well Change in Transporter of:				Effective 1/1/87					
Recompletion Uil Dry Gas									
Change in Ownership Casinghead Gas X Condensate									
If change of ownership give name and address of previous owner						· · · · · ·			
II. DESCRIPTION OF WELL AND LEA									
Lease Name	Well No.	Pool Name, Including Formation				Kind of Lease State, Federal or Fee		Lease No.	
Florance	42	Blanc	o Mesa	verde		,	Federal	SF-080246	
Location				_					
Unit Letter :	953	Feet From The	<u>_Sout</u>	h	Line and	853 <sub>F</sub>	eet From The	West	
0.7		0011			01.1				
Line of Section 27	Township	29N		Range	9W	, NMPM,	San Juan	Count /	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate  Petro Source Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas or				Address (Give address to which approved copy of this form is to be sent)  8/// East Via De Ventura, Ste. 100  Scottsdale, AZ 85258  Address (Give address to which approved copy of this form is to be sent)					
T	nit Sec.	Twp.	Rge.	Is gas actu	ally connected?	When			
If well produces oil or liquids, give location of tanks.	M : 27	29N	<u>9W</u>						
If this production is commingled with that from any oth	ner lease or pool, giv	re commingling	order number						
NOTE: Complete Parts IV and V on r	reverse side ii	f necessar	y.						
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION O A 100C							100C		
1				APPRO	VED			1 8 19 3 0 0	
with and that the information given is true and complete to the best of my knowledge and belief.			DV	BY Trank! Swa /					
					<del>~~~</del>				
			TITLE	TITLE SUPERVISOR DISTRIC 第 3					
The During			This to	1 × N = 10					
Steve Durio (Signature)			li .	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accom-					
Administrative Supervisor					panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)				11	All sections of this form must be filled out completely for allowable on new and recompleted walls.				
December 1, 1986				11	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.