

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

1. Operator <b>TENNECO OIL COMPANY</b>	
Address <b>P.O. BOX 3249, ENGLEWOOD, COLORADO 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	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 <b>HAMNER</b>	Well No. <b>3</b>	Pool Name, including Formation <b>BLANCO MV</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>M</b> : <b>1130</b> Feet From The <b>South</b> Line and <b>810</b> Feet From The <b>West</b>				
Line of Section <b>29</b> Township <b>29</b> Range <b>9</b> NMPM <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>SUNTERRA GAS GATHERING COMPANY</b>	<b>P.O. BOX 1899, BLOOMFIELD, NM 87413</b>	
If well produces oil or liquids, give location of tanks	Unit	Sec
	Twsp	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.

*Steve Davis*  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)  
**6/29/87**  
(Date)

OIL CONSERVATION DIVISION  
JUL 20 1987  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Steve Davis*  
TITLE **SUPERVISION DISTRICT # 3**  
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 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 well.  
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