STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
PRORATION OFFICE		1	Г

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

								 			
TENNECO OI	L COMPAN	Y									
Address	240 540		2 60 0	2422 00	N3.F.F						
P.O. BOX 3	249, ENG	LEWOU	D, COLO	KADU BI	1155	T					
Reason(s) for filing (Check proper box)	ason(s) for filing (Check proper box)						Other (Please explain)				
New Well Chang						THE TRANSPORTER'S NAME CHANGED FROM					
Recompletion	Recompletion Oil X Dry Gas					SOUTHERN UNION TO SUNTERRA					
Change in Ownership	Change in Ownership Casinghead Gas Condensate										
If change of ownership give name and address of previous owner					<u>-</u>						
II. DESCRIPTION OF WELL AN	ID LEASE										
Lance Name	w	Mi No	Pool Name, In	•			Kind of Lease State Federal or Fee			Lease No	
FLORANCE	40)		BASIN	DAKOT	Α		SF-078	578		
Location						•					
Und Letter G :	1650)	Feet From Th	. Nort	h	Line and	825	Feet From The	<u>East</u>		
		_						_			
Line of Section 21	Towns	htb	30N		Range	8W		NMPW San J	uan	County	
GARY ENERGY Name of Authorized Transporter of Casinghaed Gas I or Dry Gas E SUNTERRA GAS GATHERING COMPANY					115 Inverness Ct. East, Englewood, CO 80112-5 Address (Give address to which approved copy of this form is to be sent. P.O. BOX 1899, BLOOMFIELD, NM 87413						
	Unit	Sec	Twp	Rge	is gas ac	tually connected?		When .			
If well produces on or liquids. give location of tents	i			<u> </u>			i,				
ff this production is commingled with that fro	m any other least	or pool, g	we commingling	order number					-		
NOTE: Complete Parts IV and	V on revers	e side :	if necessar	y .	41	_					
VI. CERTIFICATE OF COMPLIA						C	al const	RVATION DIVIS	ION	40	
I hereby certify that the rules and regulatio	ns of the Oil Con	servation	Division have be	en complied	APPR	OVED	JOL 20	1007 A		, 19	
with and that the information given is true	and complete to	the best	or my knowled	e and peliel.	RY	Bourt	> 00	. /			
					1	Cimpp		8			
$\mathcal{O} \rightarrow$					TITLE	SUPERVI	SIOND	STRICT # 3			
Stew Dune				This form is to be filed in compliance with RULE 1104							
(Signature)					If this is a request for allowable for a newly drilled or deepened well: this form must be acco- panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111						
ADMINISTRATIVE SUPERVISOR					All sections of this form must be filled out completely for allowable on new and recompleted wa						
C (OD)OZ					Fill out only Section I. II. III. and VI for changes of owner, well name and or number, or transport						
6/29/87					10	r such change of con					
	(Dete)				Sept	rate Forms C-104 mu	at be filed for (each pool in multiply co	ompleted wells	j.	