

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155	
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 FLORANCE	Well No. 35	Pool Name, including Formation BASIN BK Blanco mv	Kind of Lease State Federal or Fee Fed.	Lease No. 82-078596A
Location				
Unit Letter A	: 1090	Feet From The North	Line and 1162	Feet From The East
Line of Section 18	Township 30N	Range 8W	NMPM San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Gary Energy Corp	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas SUNTERRA GAS GATHERING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899, BLOOMFIELD, NM 87413
If well produces oil or liquids, give location of tanks	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 Duna
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

OIL CONSERVATION DIVISION
JUL 20 1987
APPROVED _____, 19____
BY *[Signature]*
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 wells
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