

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **TENNECO OIL COMPANY**
Address **P.O. BOX 3249, ENGLEWOOD, COLORADO 80155**

Reason(s) for filing (Check proper box):
☐ New Well
☐ Recompletion
☐ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☒ Dry Gas
☐ Condensate

Other (Please explain):
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 38-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State: Federal or Fee Federal	Lease No SF-079511-A
Location Unit Letter: F : 1622 Feet From The N Line and 2010 Feet From The W				
Line of Section 14 Township 30N Range 8W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GARY ENERGY	Address (Give address to which approved copy of this form is to be sent): 115 Inverness Ct. East, Englewood, CO 80112-5111	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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:	Unit	Sec
	Twp	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.

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

OIL CONSERVATION DIVISION
JUL 20 1987, 19____
APPROVED _____
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.