

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Form C-104
Revised 10-01-78
Format 06-01-83

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 <input type="checkbox"/> 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-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078596-A
Location Unit Letter 0 : 1105 Feet From The S Line and 1805 Feet From The E				
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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
GARY ENERGY	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"/>	Address (Give address to which approved copy of this form is to be sent)
SUNTERRA GAS GATHERING COMPANY	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 Duran
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

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

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DL CON. DIV. J
DET. 2