## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	YED	
DISTRIBUTION		
BANTA PE		
FILE		
U.S.O.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	BAB	
DPERATOR		
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.07. 3 .79.			
Operator TENNECO OIL (	 COMPAN	Y							
Address					3.55				
P.O. BOX 3249	), ENG	LEWOOD	, COLOR	CADU BU	Other (Please explain)	,			
Reason(s) for fitting (Check proper box)									
New Well Change in Transporter of:			THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA						
- Accompanion	Oil Dry Gas Casinghead Gas Condensate		SUUTREKIN	SUUTHERIN DIATON TO SUNTERNA					
Change in Ownership Casi	1911000	<u></u>							
if change of ownership give name and address of previous owner									
II. DESCRIPTION OF WELL AND	<u>LEASE</u>	Veli No	Pool Name, Inc	suding Form	stion Kim	nd of Lasse	Lease No		
HELEN JACKSON	1	1	Bland	co MV	Su	USA-SF-079947			
Location			·						
Unit Letter 0	800		Feet From The	Sout	h 1670	Feet From The Eas	t		
					9W	NMPM San Juan	County		
Line of Section 34	Town	ship 29N			Range 9N	NMPM San Juan	County		
	OI	OU AND	NATUR.	AL GAS					
III. DESIGNATION OF TRANSPOR	ondensate	- VIL ANI	U NATUR	AL GAS	Address (Give address to which app	proved copy of this form is to be sent-			
GIANT REFINING					P.O.B. 256, F	P.O.B. <b>256, Farmington, NM 874</b> 99			
Name of Authorized Transporter of Casinghead SUNTERRA GAS GATHERIN	GALE OF	Dry Gas Z			P.O. BOX 1899,	proved copy of this form is to be sent.  BLOOMFIELD, NM 8741	3		
SUNTERRA GAS GATHERT	Unit	Sec	Twp.	Rge	is gas actually connected?	When			
If well produces oil or liquids.									
give location of tanks.				Order numbe	, <u> </u>				
If this production is commingled with that from a									
NOTE: Complete Parts IV and V	on reven	se side if	necessar	у.					
OF THE OF COMPLIAN	ICE				II OIL	CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIAN I heraby certify that the rules and regulations of	:UE :::::::::::::::::::::::::::::::::::	nservation D	ivision have b	sen complied	11		21987		
with and that the information given is true and	s comp ete	to the best of	f my knowled	ge and belief	· <b>{ </b>	Save	7		
					BY	SUPERVISOR DIS	PICT 28 3		
					TITLE	SUPERVISOR DIST			
Secretal .	نريرج	$\sigma$			This form is to be filed in com				
(Se	gneture)				If this is a request for allowat	ble for a newly drilled or despende well. This	s form must be acco		
ADMINISTRATIVE SUPERVISOR			panied 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 wall						
	(THIO)				Fill out only Section I. II. III. an	nd VI for changes of owner, well name and o			
6/29/87	(Dete)				or other such change of conditie	on se filled for each pool in multiply completed	wells		
	1				11 Ambarara - arrina a ra- ringar a				