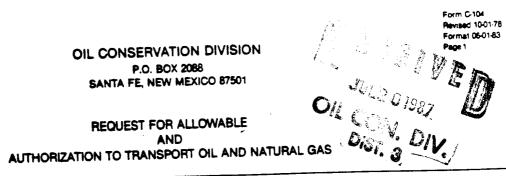
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECI	CIVED		_
DISTRIBUTION	N	$\Box$	
BANTA FE			
PILE		_	
U.S.O.S			
LAND OFFICE			_
TRANSPORTER	OiL		
	GAS		
OPERATOR		$\Box$	
PRORATION OFFICE		$\Box$	



MATION TO THE	1010111				
OD, COLORADO	80155				
eson(s) for filing (Check proper box)		Other (Press expless)			
New Well Change in Transporter of:		THE TRANSPORTER'S NAME CHANGED FROM			
Recompletion Oil X Dry Gas		SOUTHERN UNION TO SUNTERRA			
Change in Ownership Casinghead Gas Condensate					
Pool Name, Including	Formation		Kind of Lease No. State, Federal or Fee		
		ΜV	Fed. SF 080245		
	DLANCO I	! •			
N	iorth	t me and	1660 Feet From The West		
Feet From The	101 013				
29N	Range	9W	NMPM San Juan County		
AND NATURAL G	AS		All the form in to be settle		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil   or Condensate   X		Address (Give address to which approved copy of this form is to be sent)			
		P.O.B. 256, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent.			
· ·	Address D N	ROY 1899	BLOOMFIELD, NM 87413		
			When		
Twp. M9	e. Is yes a	Closily Collinson	1		
oi, give commingling order	number				
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	11		OIL CONSERVATION DIVISION 2 0 1987		
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est of my knowledge an	d belief.		Sranks). Javas		
Alter Bridge refer to the control of			SUPERVISOR DISTRICT 3		
	TITL	E	30.4		
		e term is to be filed	in compliance with RULE 1104.		
Sandure)		If the state of th			
ADMINISTRATIVE SUPERVISOR		I panied by a tabulation of the deviation tests taken on the well in accordance			
ADMINISTRATIVE SUPERVISOR			All sections of this form must be filled out completely for allowable on new and recompleted wal Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transport		
6/29/87			condition.		
0/23/0/ (Date)			must be filed for each pool in multiply completed wells.		
	Pool Name, including  Pool Name, including  Feet From The	DD, COLORADO 80155    X	THE TRA SOUTHER  TO Dry Gas  Condensate  Pool Name, including Formation BLANCO MV  Faet From The North Line and  29N Range 9W  AND NATURAL GAS  Address (Give address to white P.O.B. 256, Address (Give address to white P.O.BOX 1899)  C Twp. Rige is gas actually connected?  To, give commingling order number de if necessary.  APPROVED BY  TITLE This form is to be filled if this is a request for a panied by a tabulation of All sections of this form All sections of this form Is to the fill out only Section I. If or other such change of contents and the panied by a tabulation of All sections of this form.		