STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA PE			
FILE			
U.S.O.S			
LAND OFFICE			┕
	OIL		
TRANSPORTER	BAS	<u> </u>	L
OPERATOR			
PRORATION OFFICE			L.

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

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TRANSPORTER	OIL						* A 6.11	`	M. 37 =	<i>(</i>	
OPERATOR				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
PRORATION OFFICE		1_1_		AUT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-1- दु		
Operator											
·			IL CON								
Address	P.O.	вох	3249,	ENGLE	EWOOD	, COLOR	ADO 80	Other (Please et	(plain,		
	heason(s) for filing (Check proper box) May Mail Change in Transporter of.						THE TRANSPORTER'S NAME CHANGED FROM				
New Well Recompletion	Dry Gas						SOUTHERN UNION TO SUNTERRA				
Change in Own	ership		Casinghi	ed Gas		Conde	nsate				
If change of ownersh and address of previ	to Bine us	ime									
			AND I F	ASF					Kind of Lagge	S FLARSE NO	
II. DESCRIPTIO	N OF	VVELL				Pool Name. Inc		PC.	State Federal or Fee		
Hargrave	<u> </u>	<u> جو</u>		4	.]	14/- K	ut.z		<u></u>		
Location	-1		•	1 <u>650</u>		_ Feet From The	Sou	th Line and	990 Feet From The	East	
Unit Lefter	2.3			_		27N		Range 1 OW	NMPN San	Juan coumy	
Line of Section	3			Townshi							
III. DESIGNAT	ON OF	TRAN	SPORT	ER OF	OIL AN	ND NATURA	AL GAS	Address (Give address to wi	nich approved copy of this form is to be sen		
Name of Authorized	Transpor	ter of Oii I	or Cond						of the form is to be sen		
Name of Authorized	Transpor	ter of Cas	nghead Gar	or Dr	ry Gas 💆			Address (Give address to which approved copy of this form is to be sen: P.O. BOX 1899, BLOOMFIELD, NM 87413			
SUNTERRA	GAS	GATH	ERING	CUMPA	ANY TSec	Twp	!Rge	is gas actually connected?			
If well produces on give location of tar	or liquids	i.		Unit			<u> </u>	<u> </u>			
If this production is	comming	ed with the	at from any	OCT-01 100000	or pool, g	pwe commingling	OFFISH NUMBER	·			
NOTE: Comp	lete Pa	rts IV 4	and V or	ı reversi	e side	if necessar	y .				
VI. CERTIFIC								1	OIL CONSERVATION PIXIS	ON . 19	
				A - OH COM	servation	Division have b	een complie	APPROVED	7	,	
I hereby certify the with and that the	informatic	on green it	true and c	omplete 10	, the best	Ot my knowed	90 0.10 00	BY	Such There		
	·							TITLE	SUPERVISION DISTRI	<u> </u>	
$\int_{\mathcal{M}}$	Tun.	ı. 7	u	w	રે			This form is to be file	d in compliance with RULE 1104	meli this form must be accom-	
			(\$497	seture)				The second by a tabulation of	r allowable for a newly drilled or deepened of the deviation tests taken on the well in a		
ADMINISTRATIVE SUPERVISOR						- II All annuance of the for	All sections of this form must be filled out completely for allowable on new and recompleted wall: Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte				
	6/	29/87	•	m+#/				II a other such change of	f condition		
		23/0.		(ate)				Separate Forms C-10	4 must be filed for each pool in multiply co	mpietes wells	