STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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Form C-104 OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO \$7501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **Revised 10-01-78** Formet 06-01-83

| l. | | · | | | | | | |
|--|------------------------|-----------------------------------|--|--|---|---|--|--|
| TENNECO OIL COM | PANY | | | | | | | |
| Address | | | | | | - | | |
| P.O. BOX 3249, 1 | ENGLEWOOD, | , COLORA | DO | 80155 | | | | |
| Reason(s) for filing (Chack proper box) | | | Other (Please explain) | | | | | |
| New Well Change in Transporter of: Dry Gas | | | Change in Transporter | | | | | |
| 5 T | singhead Gas | Dry Gas Condensate | | | Effective 12-01-87 | | | |
| If change of ownership give name and address of previous owner | | | | | | | | |
| I. DESCRIPTION OF WELL AND | | | | _ | | | | |
| Jacques · | Well No. | Pool Name, Inci. Blanco | • | ation | Kind of Lease State, Federal or Fee | Fee | Lease No. | |
| Location M Unit Letter: | 1090 | _ Feet From The _ | S | Line and | 350 | Feet From The | v. | |
| Line of Section 25 | Township | 30N | | Range 9W | , NMPM, | San Juan | County | |
| Name of Authorized Transporter of Oil or Condensate CONOCO Name of Authorized Transporter of Casinghead Gas or Dry Gas SUNTERRA GAS GATHERING | | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 460 HOBBS, NM 88240 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899 BLOOMFIELD: NM 87413 Is gas actually connected? | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. M 25 | 30N | Age. 9W | is gas actually connected? | When | | 13 | |
| With the production is commingled with that from a NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and regulations of with and that the information given is true and the information given in the information given giv | On reverse side in ICE | If necessary. Division have been | complied | BY | Reservation 5 | 0 1987 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | _ , 19 | |
| Michael D. Gamma Senior Administr | | lve+ | | This form as to be med in | ompliance with MULE 1: lowable for a newly drilled | 104. For deepened well, this fo | orm must be accom- | |
| November 25, 198 | Title) | 11326 | | All sections of this form in Fill out only Section I, II, I or other such change of co | nust be filled out complete itl, and VI for changes of o | ly for allowable on new an wher, wall name and or nu | d recompleted watis. imber, or transporter, | |