

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 20 1987
OIL CONSERVATION DIVISION

I. Operator: **TENNECO OIL COMPANY**

Address: **P.O. BOX 3249, ENGLEWOOD, COLORADO 80155**

Reasons for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):
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 Lodewick	Well No. 2	Pool Name, including Formation Fid-Kutz PC	Kind of Lease State Federal or Fee Federal	SF- Lease No. 077974
Location Unit Letter: m : 895 Feet From The South Line and 895 Feet From The West	Line of Section 18	Township 27N	Range 9W	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent):
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): P.O. BOX 1899, BLOOMFIELD, NM 87413
SUNTERRA GAS GATHERING COMPANY	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

6/29/87
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 20 1987, 19____
BY *[Signature]*
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 wells.
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.