

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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SANTA FE	
FILE	
U.S.O.S	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.

Operator <b>TENNECO OIL COMPANY</b>	
Address <b>P.O. BOX 3249, ENGLEWOOD, COLORADO 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
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 <b>Hargrave A</b>	Well No. <b>SA 1</b>	Pool Name, including Formation <b>Fulcher-Kutz</b>	Kind of Lease State Federal or Fee <b>Federal</b>	SF- Lease No <b>077382</b>
Location Unit Letter <b>B</b> : <b>990</b> Feet From The <b>N</b> Line and <b>1650</b> Feet From The <b>E</b>				
Line of Section <b>4</b>	Township <b>27N</b>	Range <b>10W</b>	NMPM <b>San Juan</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>SUNTERRA GAS GATHERING COMPANY</b>	<b>P.O. BOX 1899, BLOOMFIELD, NM 87413</b>
If well produces oil or liquids, give location of tanks	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

(Title)

6/23/87

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 20 1987**, 19

BY

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