STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.O.S		+-
LAND OFFICE		┵-
TRANSPORTER	OIL	
	GAS	\perp
OPERATOR		
PROBATION OFFICE		\perp

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

Form C-104
Revised 10-01-78
Formal 06-01-83
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REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator TENNECO OIL COMPANY P.O. BOX 3249, ENGLEWOOD, COLORADO 80155 Angress Other (Please explain) THE TRANSPORTER'S NAME CHANGED FROM Reason(s) for filing (Check proper box) Change in Transporter of SOUTHERN UNION TO SUNTERRA New Well X Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. ARRE NO II. DESCRIPTION OF WELL AND LEASE Kind of Lease SF-0077384 Pool Name, including Formation State Federal or Fee Federal PC. ⁄.Kutz Z1 Galt Ε Location 1650 860 Lind Latte San Juan Count 1 OW 27N Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent Name of Authorized Transporter of Oil Coordensate C Address (Give address to which approved copy of this form is to be sent Name of Authorized Transporter of Casinghead Gas 🗆 or Dry Gas 💆 P.O. BOX 1899, BLOOMFIELD, NM 87413 SUNTERRA GAS GATHERING COMPANY ts gas actually connected? Roe Twp It well produces on or liquids give location of tanks If this production is commingled with that from any other lease or pool, give commingling order numb NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVIS VI. CERTIFICATE OF COMPLIANCE APPROVED I hereby certify that the rules and regulations of the Oil Conservation Division have been complete. with and that the information given is true and complete to the best of my knowledge and belief SUPERVISION DISTRICT TITLE m 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 accomanied 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 wall: ADMINISTRATIVE SUPERVISOR Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte (Tan) or other such change of condition 6/29/87 Separate Forms C-104 must be filed for each pool in multiply completed wells (Date)