STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	OIL	
TRANSPORTER	GAS	
OPERATOR		_
PRORATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

DEC 08 1986

OPERATOR PRORATION OFFICE	41 271 105	N74710N TO	1A POLLAGE	ND	M 646 O4	1986	
PRORATION OFFICE	AUTHOR	RIZATION TO	IHANSE	ORI OIL AND NATUR	RAL GAS OIL CON	.	
I. Operator					Dist	DIV ,	
TENNECO OI					J ₁ S ₁ . 3	•	
Address	L COM AN						
	249, ENGLEW	מטט כט	80155				
Reason(s) for filing (Check proper box)	249, LNGLLN	000, 00	00100	Other (Please ex	n(ain)		
				06. (/ 10000 0)	,		
New Well Change in Transporter of:			EFFECTIVE JANUARY 1, 1987				
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate			Zii Zoi Zi				
Change in Ownership C	asinghead Gas	LAJ Conde	ensate				
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND	D LEASE						
Lease Name	Well No.	Pool Name, Inc	_		Kind of Lease State Federal or Fee	Lease No.	
STOREY D	3	BASIN	DAKOT	A	State, Federal of Fac FEDERAL	SF- 078566	
Location						UECT	
Unit Letter : _	1180	Feet From The	SOUT	H 3	90 Feet From The	WEST	
Line of Section 35	Township	28N		Range 8W	, NMPM, SAN	JUAN County	
III. DESIGNATION OF TRANSPO		ND NATURA	L GAS	1			
Name of Authorized Transporter of Oil O				Address (Give address to which	h approved copy of this form is to be s	00	
PETRO SOURCE CORPORATION			8777 E. Via De Ventura, Ste #100				
Name of Authorized Transporter of Casinghead Gas □ or Dry Gas □			Address (Give address to which approved copy of this form is to be sent) Scottsdale, Az 85258				
EPNG							
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	is gas actually connected?	When		
give location of tanks.	ii		<u>. </u>	<u> </u>			
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	ir necessary	/.				
VII. OF DE COLADI IA	NOT			li c	DIL CONSERVATION DIVIS	ION	
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED APPROVED						100C	
I hereby certify that the rules and regulations with and that the information given is true a	s of the Oil Conservation and complete to the bes	t Division have bed t of my knowledge	en complied e and belief.	APPROVED	777	1300	
with give that the information grown to the c				BY	Dru J		
					SUPERV	ISON DISTRICT # 1	
Stelle-Ducks This form is to be filed in con					-		
Sulle Lucia			This form is to be filed in compliance with RULE 1104.				
(Signature)				If this is a request for allowable for a newly drilled or deepened well, this form must be accom-			
ADMINISTRATIVE SUPERVISOR			panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(1110)				All sections of this form must be filled out completely for allowable on new and recompleted walls.			
				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.			
(Date)			11	Separate Forms C-104 must be filed for each pool in multiply completed wells.			