STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	IVED	
DISTRIBUTION		$oldsymbol{ol}}}}}}}}}}}}}}}}}$
BANTA FE		
FILE		┷
U.S.O.S		-
LAND OFFICE		_
	OIL	_
TRANSPORTER	BAS	
OPERATOR.		\Box
PRORATION OFFICE		\perp

OIL CONSERVATION DIVISION P.O. BOX 2068 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PERATOR RORATION OFFICE	AUTHORIZAT	TON TO TE	RANSPOR	T OIL AND NATUR	RAL GAS		
TENNECO OIL CO	MPANY						
		201 004	00 0015	E			
P.O. BOX 3249,	ENGLEWOOD,	CULUKA	00 8015	Other (Please e	xplain)		
New Well Change in Transporter of. Recompletion Change in Transporter of. Dil Change in Ownership Casinghead Gas Condensate				THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA			
f change of ownership give name and address of previous owner							LABSE NO
II. DESCRIPTION OF WELL AND LE	****	ool Name, Includ	sing Formation		Kind of Lease State Federal or Fee	Federal	SE- 077085
Omler	2 F	W-Kutz		PC		rederai	
Location Unit Letter :	1650	Feet From The _	North	Line and	1650	ee1 From The <u>Fas</u>	
Lune of Section 35	Township 2	28N	R	ange 10W	NMPM	San Ju	ian county
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Casinghead Grant Control of Casinghead Control	as I or Dry Gas E	Тwр		Nooness (Give address to w P.O. BOX 189 is gas actually connected?	9, BLOOMFIELD	form is to be sent.), NM 874	13
this production is commingled with that from any NOTE: Complete Parts IV and V or	other lease or pool, gme in reverse side if	necessary.	rger number				
VI. CERTIFICATE OF COMPLIANC I hereby certify that the rules and regulations of with and that the information given is true and	the Oil Conservation Dr complete to the best of	wision have bee I my knowledge	n complied and belief.	APPROVED	OIL CONSERVAT	2 0 1987 ON DISTRIC	, 19 ,
ADMINISTRATIVE SUPERVISOR (Take) 6/29/87			This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accidented 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 was Fill out only Section I. II, III, and VI for changes of owner, well name and or number, or transport or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply completed wells.				
	Jeie/			11			