STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR		\Box	
PRORATION OFFICE			

Form C-104 OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Revised 11
Format OR
Page 1

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PRORATION OFFICE	AUTHORIZAT	ION TO TRAN	SPORT OIL	, AND INATION		3 .	
Operator TENNECO OIL COM	IPANY						
P.O. BOX 3249,	ENGLEWOOD,	COLORADO	80155	Other (Please exp	Na.n		
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well Change in Transporter of:				THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA			
Recompletion Uit	□ -			SUUTHERN UNION TO SUNTERIOR			
Change in Ownership Casinghe	ad Gas	Conbensate		<u> </u>			
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND LEA	\SE				Kind of Lease		SF-No.
Lasse Name	140.	ol Name, Including Fo			State. Federal or Fee	Federal	078596-A
Florance	30-A	Blanco	Mesave	rue	l	T C G C I G I	10.000
Location	3045		N		980 F	eet From The	W
Unit Letter :	1845	eet From The		Line and			
1	Township	29N	Range	<u>8W</u>	NMPM	San Ju	an County
Line of Section	1 Decision of						
III. DESIGNATION OF TRANSPORTE	R OF OIL AND	NATURAL GA	S	Gara address to whi	n approved copy of this f	orm is to be sent:	
Name of Authorized Transporter of Oil or Concensate //				P.O.B. 256, Farmington, NM 87499			
GIANT REFINING	= ar Day Gas X	Arriess (Give address to which approved copy of this form is to be sent.					
Name of Authorized Transporter of Casinghead Gas SUNTERRA GAS GATHERING	COMPANY		P.0	BOX 1899	, BLOOMFIELD	, NM 87413	<u> </u>
	Jnit Sec	Twp. Rge.	is gas ac	tually connected?	When		•
If well produces oil or liquids,	:						`
give location of tanks.		comminating order nu	mber				
If this production is commingled with that from any of							
NOTE: Complete Parts IV and V on	reverse side if i	necessary.					
	•		H		OIL CONSERVATI	ION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	- Oil Consequation Div	ssion have been com	plied APPF	OVED	 	0 1987	_ , 19
I hereby certify that the rules and regulations of the with and that the information given is true and co-	mplete to the best of	my knowledge and b	plief.		002	1 /	
			BY		B. (Thong	
_ ~			TITL	<u> </u>	ameev(STO	N DISTRICT #	\$
Steve Din	ii		This	TITLE SUPERVISION DISTRICT # S This form is to be filed in compliance with RULE 1104			
(Signe	gneture) If this is a request for allowable for a newly drilled or deepened with institution to the well in accordance with RULE.				form must be accor with RULE 111		
ADMINISTRATIVE SUPERVISOR All sections of this form must be filled out completely for allowable on new if					and recompleted wat		
(Trie)				Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transports			
6/29/87			or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.				
(De	to)		Sec	erate Forms C-104 r	hust be tiled for each poo	or in munipy completed t	· · - ·