STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

40. 07 COPIES RECE	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								
TENNECO OIL COMPANY		_						
Address								
P.O. BOX 3249, ENGLEWOOD, COLORADO 80155								
Reason(s) for filling (Check proper box)				Other (Please explain)				
New Well Change in Transporter of:				Change in Tuansporter				
Recompletion Dil Dry Gas			Dry	Change in Transporter Effective 12-01-87				
Change in Ownership Casinghead Gas Condensate				Effective 12-01-8/				
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND LEASE								
Lasee Name Well No. Pool Name, Including Format				State Festeral or Fee				
FLORANCE	FLORANCE 21A Blanco MV			FED. SF-078201				
Location								
Feet From The North Line and 2038 Feet From The West								
Unit Larray								
Line of Section	Town	nathip 2	9N		Range 9W , NMPM, San Juan county			
III. DESIGNATION OF TRANSP	ORTER OF	FOIL AN	D NATUR	AL GAS				
Name of Authorized Transporter of Oil 🗆 or Condensate 💥				Address (Give address to which approved copy of this form is to be sent)				
CONOCO				P.O. BOX 460, HOBBS, NM 88240 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas				i i				
EL PASO NATURAL GAS				P.O. BOX 4990, FARMINGTON, NM 87401				
	Unit	Sec.	Twp.	Rge.	is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	l c	i_1_	i 29N	<u>9W</u>	Yes			
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				OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied			ivision have b	APPROVED, 19				
with and that the information given is true and complete to the best of my knowledge and belief.								
					BY Cham			
				TITLE				
Menon				SUCERVISION DISTRICT # 3 This form is to be filed in compliance with RULE 1104.				
Michael D. Gammon (Signature)				If this is a request for allowable for a newly drilled or deepened well, this form must be accom-				
Sr. Administrative Analyst				panied 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 walls.				
(Title)				Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,				
11/25/87				or other such change of condition.				
(Date)				Separate Forms C-104 must be filed for each pool in multiply completed wells.				