

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED
JUL 20 1987
OIL CON. DIV.
DIST. 3

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.O.S			
LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
PRODUCTION OFFICE			

I. Operator: **TENNECO OIL COMPANY**

Address: **P.O. BOX 3249, ENGLEWOOD, COLORADO 80155**

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain): **THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA**

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name FLORANCE	Well No. 42	Pool Name, including Formation BLANCO MV	Kind of Lease State Federal or Fee SF-0008246	Lease No.
Location Unit Letter: M : 953 Feet From The South Line and 853 Feet From The West				
Line of Section 27	Township 29N	Range 9W	NMPM San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PETRO SOURCE	Address (Give address to which approved copy of this form is to be sent): 8777 E. Via Ventura, Ste. 100, Scottsdale, AZ 85258	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SUNTERRA GAS GATHERING COMPANY	Address (Give address to which approved copy of this form is to be sent): P.O. BOX 1899, BLOOMFIELD, NM 87413	
If well produces oil or liquids, give location of tanks	Unit	Sec
	Twsp	Rge
	Is gas actually connected?	When

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Steve Duran
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

OIL CONSERVATION DIVISION
APPROVED **JUL 20 1987**, 19____
BY *[Signature]*
TITLE **SUPERVISION DISTRICT # 3**

This form 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 accompanied 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 wells:
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
Separate Forms C-104 must be filed for each pool in multiply completed wells