

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 20 1987
OIL CON. DIV.
DIST 3

I. Operator **TENNECO OIL COMPANY**

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

Reasons for filing (Check proper box):

☐ New Well	Change in Transporter of:	☒ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

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. 36	Pool Name, including Formation Blanco MV	Kind of Lease State Federal or Fee Federal	Lease No. 29-NM-012711
Location Unit Letter H : 1850 Feet From The North Line and 990 Feet From The East				
Line of Section 3 Township 30N Range 8W NMPW San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
GARY ENERGY	115 Inverness Ct. East, Englewood, CO 80112-51
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
SUNTERRA GAS GATHERING COMPANY	P.O. BOX 1899, BLOOMFIELD, NM 87413
If well produces oil or liquids, give location of tanks	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 Frank J. Duran **JUL 20 1987**
BY _____
TITLE _____
SUPERVISOR 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