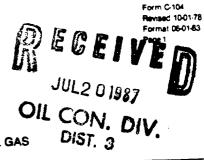
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.		+	_
LAND OFFICE		_	_
	OIL	_	
TRANSPORTER	GAB		
OPERATOR		\perp	
PROBATION OFFICE	E	\perp	

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



REQUEST FOR ALLOWABLE

PERATOR PROPERTY OF THE PERATOR OFFICE	AUTHORI	ZATION TO TRANS	SPORT OIL	AND NATURA	LGAS DIS	Т. з		
Operator TENNECO	OIL COMPANY							
	3249, ENGLEWOO	D. COLORADO 8	30155					
				Other (Please expl			_	
Reason(s) for filing (Check proper box) Change in Transporter of:				THE TRANSPORTER'S NAME CHANGED FROM				
	Dil	Dry Gas		SOUTHER	N UNION TO S	UNTERRA	Ì	
Recompletion Change in Ownership	Casinghead Gas	Condensate						
Change in Ownership								
f change of ownership give name and address of previous owner								
	- · - · - ·					<u> </u>	3-001-2472	
I. DESCRIPTION OF WELL	AND LEASE	Pool Name, Including Fo	rmation		Kind of Lease State. Federal or Fee	- 1	*	
Lease Name	5-A	Blanco Mes	saverde			Federal		
Moore			_	•	3.53.5	F		
0	. 890 _	Feet From The	<u> </u>	Line and	F6	et From The		
Unit Letter				8W	NMPM.	San Juan_	County	
Line of Section 9	Township	30N	Range	OW	, NAPA			
III. DESIGNATION OF TRA Name of Authorized Transporter of O CONOCO, INC. Name of Authorized Transporter of O SUNTERRA GAS GAT If well produces on or liquids.	esingheed Gas _ or Dry Gas		Address P.0	460, Hobbs	h approved copy of this fit. NM 88240- th approved copy of this fit. BLOOMFIELD When	-0460		
nine tenesion of tenks			mber					
If this production is commingled with NOTE: Complete Parts IV	/ and V on reverse sid	e if necessary.	11		OIL CONSERVAT	ION DIVISION	. 19	
		on Division have been com		ROVED	1		-,	
I hereby certify that the rules and ru with and that the information give	n is true and complete to the b	est of my knowledge and b	eliet. BY		white	-{		
	~		TITL	ESUPE	ERVISION DIS	TRICT#8		
Stene	Sugneture)		- 1	is form is to be filed i	n compliance with RULE llowable for a newly drill the deviation tests taken	1104. ed or deepened well, this on the well in accordance		
ADMINISTRATIV			II	and this form	must be filled out comple	itely for allowable on new a	Ing recompleted we	
6/29/8	(Title)		Fi	l out only Section I, II,	ill, and VI for changes of ondition.	l owner, well name and or n	umber, or transpor	
	(Date)		¥	parate Forms C-104 I	HAST RE IMPO TO: GROW DO			