

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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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 08 1986
OIL CONSERV. DIV.
DIST. 3

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, Colorado 80155	
Reason(s) for filling (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Effective January 1, 1987	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 10	Pool Name, including Formation Blanco - Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-076934
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>30N</u> Range <u>9W</u> NMPM, <u>San Juan</u> 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 Corporation	Address (Give address to which approved copy of this form is to be sent) 8777 E. Via De Ventura, Ste. 100, Scottsdale AZ, 85258
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> SUG	Address (Give address to which approved copy of this form is to be sent) 85258
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>30</u> Twp. <u>30N</u> Rge. <u>9W</u>	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.

[Signature]
(Signature)
Administrative Analyst II
(Title)
December 1, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] DEC 08 1986
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.