

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1
RECEIVED
JUL 20 1987
OIL CON. DIV.
DIST. 3

Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate 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. 3	Pool Name, including Formation BLANCO MV	Kind of Lease State Federal or Fee SF-080003	Lease No.
Location				
Unit Letter M	990	Feet From The South	Line and 990	Feet From The West
Line of Section 22	Township 30N	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"/>	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINING	P.O.B. 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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.

Steven Duris
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

OIL CONSERVATION DIVISION
APPROVED **JUL 20 1987**, 19____
BY *[Signature]*
TITLE **SUPERVISION DISTRICT # 8**
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 well:
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