

JUL 1 1985

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tenneco Oil Company

Address
P. O. Box 3249, Englewood, CO 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)
JUL 05 1985
OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 20	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 078201
Location Unit Letter B : 990 Feet From The North Line and 1650 Feet From The East Line of Section 24 Township 30N Range 9W , NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

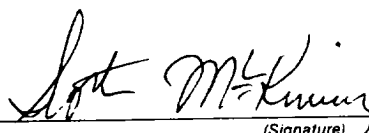
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 4 Inverness Ct. East, Englewood, CO 80112
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3981, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit B Sec. 24 Twp. 30N Rge. 9W	Is gas actually connected? _____ When _____

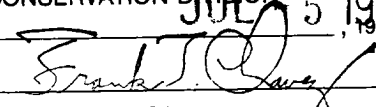
If this production is commingling with that from any other lease or pool, give commingling order number _____

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)
Senior Regulatory Analyst
(Title)
July 2, 1985
(Date)

OIL CONSERVATION DIVISION **JUL 5 1985**
APPROVED _____
BY 
SUPERVISOR DISTRICT # **3**
TITLE _____

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.