

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 05-01-83  
Page 1

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
NOV 30 1987  
OIL CON. DIV.  
DIST. 3

|                                                                                                                                                                                                       |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| I. Operator<br><b>TENNECO OIL COMPANY</b>                                                                                                                                                             |                                             |
| Address<br><b>P.O. BOX 3249, ENGLEWOOD, COLORADO 80155</b>                                                                                                                                            |                                             |
| Reasons for filing (Check proper box)                                                                                                                                                                 | Other (Please explain)                      |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership                                                                            | Change in Transporter<br>Effective 12-01-87 |
| Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate |                                             |

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

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                        |                      |                                                             |                                                       |                               |
|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|-------------------------------------------------------|-------------------------------|
| Lease Name<br><b>Florance</b>                                                                                          | Well No.<br><b>5</b> | Pool Name, including Formation<br><b>Blanco MV/Gasin DK</b> | Kind of Lease<br>State, Federal or Fee<br><b>FED.</b> | Lease No.<br><b>SE-080123</b> |
| Location<br>Unit Letter <b>A</b> : <b>990</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b> |                      |                                                             |                                                       |                               |
| Line of Section <b>22</b> Township <b>30N</b> Range <b>9W</b> N.M.P.V. <b>San Juan</b> 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"/><br><b>CONOCO</b>              | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 460 HOBBS, NM 88240</b>       |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>SUNTERRA GAS GATHERING</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 1899 BLOOMFIELD, NM 87413</b> |                   |
| If well produces oil or liquids, give location of tanks                                                                                        | Unit<br><b>A</b>                                                                                                      | Sec.<br><b>22</b> |
|                                                                                                                                                | Twp.<br><b>30N</b>                                                                                                    | Rge.<br><b>9W</b> |
| Is gas actually connected? <b>Yes</b>                                                                                                          |                                                                                                                       |                   |

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.

**Michael D. Gammon**  
Senior Administrative Analyst  
(Title)

**November 25, 1987**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **NOV 30 1987**, 19\_\_\_\_  
BY **[Signature]**  
TITLE **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.