

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
Page 1

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 30 1987
OIL CON. DIV.
SANTA FE

| | |
|---|---|
| Operator TENNECO OIL COMPANY | |
| Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155 | |
| Person(s) for filing (Check proper box) <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 checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate |
| Other (Please explain) Change in Transporter Effective 12-01-87 | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-------------------------------|
| Lease Name FLORANCE | Well No. 16 | Pool Name, including Formation Basin DK | Kind of Lease State, Federal or Fee FED. | Lease No. SF-078316 |
| Location Unit Letter A : 1010 Feet From The North Line and 990 Feet From The East Line of Section 6 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"/> CONOCO | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 460, HOBBS, NM 88240 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4990, FARMINGTON, NM 87401 |
| If well produces oil or liquids, give location of tanks. Unit A Sec. 6 Twp. 30N Rge. 9W | Is gas actually connected? Yes 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.

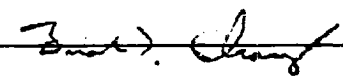
VI. CERTIFICATE OF COMPLIANCE

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.


Michael D. Gammon (Signature)
Sr. Administrative Analyst (Title)

11/25/87

(Date)

OIL CONSERVATION DIVISION
APPROVED **NOV 30 1987**, 19_____
BY 
TITLE **SUPERVISION 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.