

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 07 1988
OIL CON. DIV.
DIST. 3

I. Operator **Tenneco Oil Company**

Address **P.O. Box 3249 Englewood, CO 80155**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 19	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-081098
Location				
Unit Letter H	: 1650	Feet From The north	Line and 790	Feet From The east
Line of Section 3	Township 30N	Range 9	NMPM. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

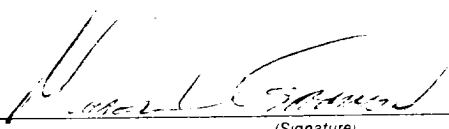
Name of Authorized Transporter of Oil or Condensate X Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterra	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899 Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks	Unit H	Sec. 3
	Twp. 30N	Rge. 9W
	Is gas actually connected? yes	When

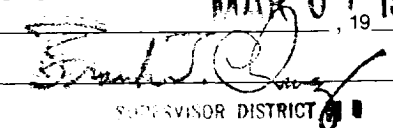
If this production is commingled with that from any other lease or pool, give commingling order number

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.


(Signature)
Sr. Administrative Analyst
(Title)
3/1/88
(Date)

OIL CONSERVATION DIVISION **MAR 07 1988**
APPROVED _____
BY 
TITLE **SUPERVISOR DISTRICT 1**

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.