

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator TENNECO OIL COMPANY	
Address P.O. BOX 3249, ENGLEWOOD, COLORADO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter Effective 12-01-87
Change in Transporter of: ☐ Oil ☐ Casinghead Gas	☐ Dry Gas ☒ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 16A	Pool Name, including Formation Blanco MV	Kind of Lease State, Federal or Fee FED.	Lease No. I-SEC-772
Location Unit Letter P : 825 Feet From The South Line and 1030 Feet From The East				
Line of Section 6 Township 30N Range 9W N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☐ SUNTERRA GAS GATHERING	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 P	Sec. 6
	Twp. 30N	Rge. 9W
	Is gas actually connected? Yes	

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

November 25, 1987

OIL CONSERVATION DIVISION
APPROVED **NOV 30 1987**, 19_____
BY **[Signature]**
TITLE **SUPERVISION DISTRICT # 5**

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 V 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.