

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 1001-3
Page 1
RECEIVED
JUN 03 1986
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 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)
Pool Change

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 5A	Pool Name, Including Formation Blanco Fruitland	Kind of Lease State, Federal or Fee USA SF	Lease No. 080003
Location Unit Letter <u>C</u> : <u>860</u> Feet From The <u>North</u> Line and <u>1510</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>22</u>
	Twp. <u>30N</u>	Rge. <u>9W</u>
Is gas actually connected? Yes		When 6/25/85

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.

Scott McKinnis
(Signature)
Sr. Regulatory Analyst
(Title)
May 27, 1986
(Date)

OIL CONSERVATION DIVISION JUN 03 1986
APPROVED _____
BY Frank J. [Signature]
TITLE _____ SUPERVISOR 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.