

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

RECEIVED
JUL 20 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.B.S			
LAND OFFICE			
TRANSPORTER	<input type="checkbox"/> OIL		
	<input type="checkbox"/> GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator: **TENNECO OIL COMPANY**

Address: **P.O. BOX 3249, ENGLEWOOD, COLORADO 80155**

Reasons 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): **THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 20-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078201
Location Unit Letter: J ; 1510 Feet From The S Line and 2334 Feet From The E	Line of Section: 24	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"/> GARY ENERGY	Address (Give address to which approved copy of this form is to be sent): 115 Inverness Ct. East, Englewood, CO 80112-5116
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SUNTERRA GAS GATHERING COMPANY	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: _____ Sec: _____ Trp: _____ Rge: _____	Is gas actually connected? _____ 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.

Steve Durin
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6/29/87
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 20 1987** , 19

BY *Steve Durin*

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.