

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 05-01-83

**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.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

Operator <b>TENNECO OIL COMPANY</b>	
Address <b>P.O. BOX 3249, ENGLEWOOD, COLORADO 80155</b>	
Reasons for filing (Check proper box)	Other (Please explain)
<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 type="checkbox"/> Condensate
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	Well No	Pool Name, including Formation	Kind of Lease State Federal or Fee	Fee	Lease No
Jacques	2A	Blanco Mesaverde			
Location	840 Feet From The North Line and 800 Feet From The West				
Unit Letter: <i>D</i>					
Line of Section: 25	Township: 30N	Range: 9W	NMPW San Juan County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate = <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
GARY ENERGY	115 Inverness Ct. East, Englewood, CO 80112-511	
Name of Authorized Transporter of Casinghead Gas or Dry Gas = <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
SUNTERRA GAS GATHERING COMPANY	P.O. BOX 1899, BLOOMFIELD, NM 87413	
If well produces oil or liquids, give location of tanks	Unit	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 Durie*  
(Signature)

ADMINISTRATIVE SUPERVISOR

6/29/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 20 1987, 19

BY *[Signature]*

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