## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

B. 10.		 _
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OPERATOR		
PRORATION OFFICE		

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

Revised 10-01-78 Format 06-01-83 JUL2 0 1987

Form C-104

PERATOR RORATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3								
TENNECO OIL CO	MPANY			<del></del>					
P.O. BOX 3249	ENGLEWO	OD, COLOR	ADO 80	155					
Reason(s) for filing (Check proper box)					Other (Please explain)				
New Well Change in To	onge in Transporter of:  Oil  Casinghead Gas  Condensate			THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA					
Change in Ownership Casing change of ownership give name nd address of previous owner				·					
DESCRIPTION OF WELL AND L	EASE Well No	Pool Name, Inc	cluding Forms	tion		Kind of Lease State, Federal or	Fee		SF-Lease No
Lease Name	11A	E	31anco	Mesave	erde		Feder	<u>al</u>	079511-A
Florance Lecation Unit Letter K :	1460	Feet From The	Sout	:h	Line and	1490	Feet From The		County
Line of Section 30	Township	30N		Range	8W	. NA	APM San Ji	Jan	
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil I or Oil CONOCO, INC. Name of Authorized Transporter of Casinghead C SUNTERRA GAS GATHERIN	ias _ or Dry Gas	· ×	AL GAS	Вох	Gree address to what 460, Hobiton address to what BOX 1899	os, NM 8	8240-0460		
	Unit Sec	Twp	Rge		tually connected?		hen	,	
If well produces oil or liquids.  give location of tanks	<u> </u>	i	<u> </u>						
If this production is comminged with that from all NOTE: Complete Parts IV and V	on reverse sid	oi, gwe comminglin gie if necessa	g order numb	H		OIL GONSE	RYATION-DIV	ISION	19
VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and regulations of	of the Oil Conserval I complete to the E	tion Division have !	been complie tge and belie	- 11	OVED	1 (1)	1 /		_ , 15

with and that the information given is true and complete to the best of my knowledge and belief.

(THIO)

(Dete)

ADMINISTRATIVE SUPERVISOR

6/29/87

ast for allowable for a newly drilled or deepened with this form must be accompanied by a labulation of the deviation tests taken on the well in accordance with RULE 111

SUPERVISION DISTRICT # 3

All sections of this form must be filled out completely for allowable on new and recompleted wall-Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells