

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL <input checked="" type="checkbox"/> | |
| | GAS <input checked="" type="checkbox"/> | |
| OPERATOR | <input checked="" type="checkbox"/> | |
| PROMOTION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
SUN EXPLORATION & PRODUCTION CO. ✓

Address
P.O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Initial
Change in Transporter of:
 Oil
 Casinghead Gas

Dry Gas
 Condensate

Other (Please explain)
CHANGE TO BE EFFECTIVE JUNE 1, 1984

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|-----------------|--|--|-----------------------|----------------|
| Lease Name Pecos Irrigation Company | Well No. 1 | Pool Name, including Formation Culebra Bluff, South <i>1722</i> | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location | | | | | |
| Unit Letter G | : 1980 | Feet From The North | Line and 2130 | Feet From The East | |
| Line of Section 10 | Township 23S | Range 28E | , NMPM, | | Eddy County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3187 Longview, Texas 75606 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521 Houston, Texas 77001 |
| If well produces oil or liquids, give location of tanks. Unit <i>G</i> , Sec. <i>10</i> , Twp. <i>23</i> , Rge. <i>28</i> | Is gas actually connected? When Yes 4-4-83 |

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.

Doris Williams
Accountant (Signature)
May 14, 1984 (Date)
(Title)

OIL CONSERVATION DIVISION
MAY 23 1984
APPROVED _____, 19____
BY *Ledia A. Clemente*
TITLE *Supervisor District #*

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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.