

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Sun Exploration & Production Company

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Filed to indicate casinghead gas connection date.
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico "G" State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Oil Center - Glorieta</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>NM-B-1481</u>
Location Unit Letter <u>U</u> <u>650</u> Feet From The <u>South</u> Line and <u>550</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> 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"/> <u>Sun Refining & Marketing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2039, Tulsa, OK</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX</u>
If well produces oil or liquids, give location of tanks. Unit <u>S</u> Sec. <u>3</u> Twp. <u>21-S</u> Rge. <u>36-E</u>	Is gas actually connected? <u>Yes</u> when <u>3/18/88</u>

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.

Anna Inman
(Signature)
Accounting Associate
(Title)
6/28/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY _____
DISTRICT _____

TITLE _____

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.