

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

**RECEIVED**  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**OIL CON. DIV.**  
**DIST. 3**

I. Operator  
**SUN EXPLORATION AND PRODUCTION COMPANY**

Address  
**P.O. BOX 5940 T.A. Denver, Colorado 80217**

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☒ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
**Effective 4-1-87**

If change of ownership give name and address of previous owner  
**Jerome P. McHugh, 650 S. Cherry Street, Suite 1225, Denver, Co 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
<b>Janet</b>	<b>1</b>	<b>Gavilan Mancos</b>	<b>Fee</b>	<b>--</b>

Location  
 Unit Letter **A** : **790** Feet From The **North** Line and **790** Feet From The **East**  
 Line of Section **27** Township **25N** Range **2W** , NMPM, **Rio Arriba** 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"/> <b>Gary Energy</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Bloomfield NM</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 990, Farmington, NM</b>

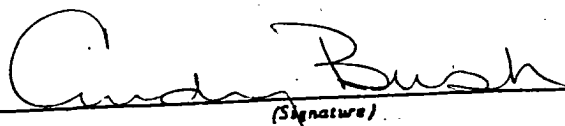
If well produces oil or liquids, give location of tanks.  
 Unit **2** Sec. **27** Twp. **25N** Rge. **2W**  
 Is gas actually connected? ☐ When

If this production is commingled with that from any other lease or pool, give commingling order number: **R-7258**

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.

  
(Signature)

**Proration and Production Company**  
(Title)

**6-2-87**  
(Date)

OIL CONSERVATION DIVISION  
JUN - 8 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Burt J. Chang**  
SUPERVISION DISTRICT # 3

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

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

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SUN EXPLORATION AND PRODUCTION COMPANY

Address  
P.O. BOX 5940 T.A. Denver, Colorado 80217

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input checked="" type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)  
Effective 4-1-87

If change of ownership give name and address of previous owner  
Jerome P. McHugh, 650 S. Cherry Street, Denver, Colorado 80222

II. DESCRIPTION OF WELL AND LEASE

Lease Name Janet	Well No. 1	Pool Name, Including Formation Gavilan Dakota	Kind of Lease State, Federal or Fee	Lease No. ---
Location				
Unit Letter A	: 790	Feet From The North	Line and 790	Feet From The East
Line of Section 27	Township 25N	Range 2W	NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)
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El Paso Natural Gas	P.O. Box 990, Farmington, NM
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Unit Z	Sec. 27
Twp. 25N	Rge. 2W

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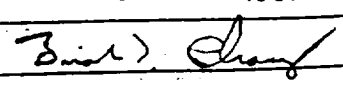
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(Signature)  
Proration and Production Acctg. Supvr.  
(Title)  
6-2-87  
(Date)

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JUN - 8 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE SUPERVISION DISTRICT # 3

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