## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

	11760	Г	
DISTRIBUTION			
BANTA FE			
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		Ĺ
OPERATOR			
PAGRATION OFFICE			ĺ

Revised 10-01-78

GREATON AN	
PAGRATION OFFICE AUTHORIZATION TO TRANSP	ORT DIL AND NATURAL GAS DIST. 3
T AUTHORIZATION TO THE TOTAL	
Operator	
Sun Exploration and Production Company	
Address	
PO Box 5940 TA Denver, Colo 80217	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion X Oil Dry	y Gas
Change in Ownership Casinghead Gas Con	ndensate 4-1-87
Nallugh 6	50 South Cherry Street Denver Colo
If change of ownership give name Jerome Mchugfi of and address of previous owner	oo coueir onerig
and address of previous	
II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including Fo	Kind of Lease Lease No.
Legas Name	/ / State Federal Of Fee Facility (MM 92112)
Twighlight Zone 1 Gavilan Manco	5/1/4005, 1/02
Location	1950 Feet From TheEast
Unit Letter J: 1850 Feet From The South Line	• and
	, NMPM, Rio Arriba County
Line of Section 12 Township 24N Range 2W	
A COLOR AND MATTER AT	CAS
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cal	PO Box 159 Bloomfield NM Address (Give oddress to which approved copy of this form is to be sent)
Gary Energy	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castingines	PO Box 5940 TA Denver, Colo 80217
Sun E & P	Is gas actually connected? When
If well produces all or liquids,	
give location of tanks.	give commingling order number:
If this production is commingled with that from any other lease or pool,	girc
NOTE: Complete Parts IV and V on reverse side if necessary.	
NOTE. Complete variety	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	JUN - 8 1987
and applexions of the Oil Conservation Division have	APPROVED
I hereby certify that the rules and regulations of the one complete to the best of been complied with and that the information given is true and complete to the best of	300
my knowledge and belief.	
	TITLE SUPERVISION DISTRICT # 3
	This form is to be filed in compliance with RULE 1104.
( $)$ $+$ $+$ $+$ $+$	Il see attenuable for a newly drilled or deeper
1 mds Dud'	If this is a request for antomored by a tabulation of the deviat

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 owne well name or number, or transporter, or other such change of condition

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