

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

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**  
JUN - 8 1987

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Sun Exploration and Production Company

Address  
PO Box 5940 TA Denver, Colo 80217

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain)  4-1-87
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner  
Jerome McHugh 650 S Cherry Street Denver, Colo

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dr. Daddy 0	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C : 910 Feet From The North Line and 1850 Feet From The West Line of Section 33 Township 25N Range 2W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

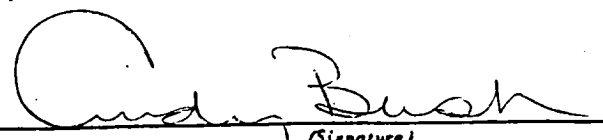
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline Inc	Address (Give address to which approved copy of this form is to be sent) PO Box 1887 Bloomfield NM	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sun E & P	Address (Give address to which approved copy of this form is to be sent) PO Box 5940 TA Denver, Colo 80217	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 33
	Twp. 25N	Rge. 2W
Is gas actually connected? Yes		When 5-16-87

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

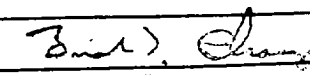
NOTE: Complete Parts IV and V on reverse side if necessary.

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.

  
(Signature)  
  
(Title)  
  
6-2-87  
(Date)

OIL CONSERVATION DIVISION  
JUN - 8 1987

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

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow able 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 conditor  
Separate Forms C-104 must be filed for each pool in multipl completed wells.