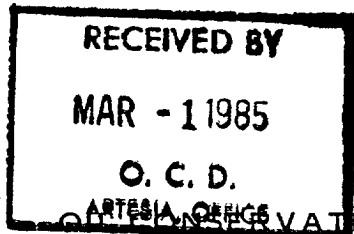


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION 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

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)

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

Other (Please explain)
Effective March 1, 1985

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico "Z" State

Well No.: 1

Pool Name, including Formation: EAST, North Millman San Andres

Kind of Lease: State, Federal or Fee State

Lease No.:

Location
Unit Letter: A; 660 Feet From The north Line and 660 Feet From The east

Line of Section: 12 Township: 19-S Range: 28-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pride Refining, Inc.

Address (Give address to which approved copy of this form is to be sent)
Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)
Phillips Bldg., Odessa, TX 79760

If well produces oil or liquids, give location of tanks. Unit: A, Sec: 12, Twp: 19, Rge: 28

Is gas actually connected? yes


When: October, 1982

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)
Associate Accountant

2-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED: MAR 8 1985

BY: Original Signed By
Leslie A. Clements

TITLE: Supervisor District II

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 multiple completed wells.