

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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O. C. D.

ARTESIAN 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	<input checked="" type="checkbox"/> 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.** 2 **Pool Name, Including Formation** East Millman (Q-G) SA **Kind of Lease** State, Federal or Fee State **Lease No.**

Location
Unit Letter B : 660 Feet From The north Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Refining, Inc.	Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Pipeline Company	Phillips Bldg., Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>12</u> Twp. <u>19</u> Rge. <u>28</u>	<u>No</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.

Dee Ann Kemp
(Signature)
Associate Accountant
(Title)
2-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 8 1985, 19____
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.