

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REF  
JUN - 8 1987  
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)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input 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, Suite 1225, Denver, Co 80222

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.T.	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter C ; 1100 Feet From The North Line and 1600 Feet From The West Line of Section 28 Township 25N Range 2W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

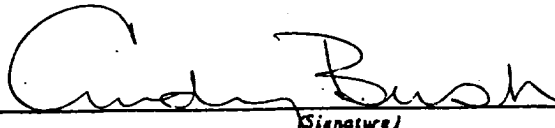
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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.

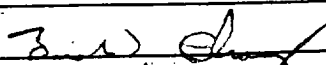
VI. CERTIFICATE OF COMPLIANCE

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)  
Proration and Production Acctg. Supvr  
(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 deepened well, this form must be accompanied by a tabulation of the deviator 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 multiply completed wells.

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☒ Dry Gas  
☐ Condensate

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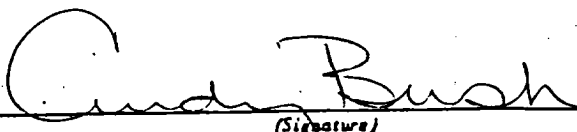
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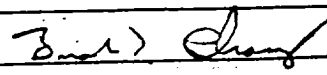


Proration and Production Acctg. Supvr  
(Title)

6-2-87

(Date)

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