

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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

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JAN 28 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Sun Exploration & Production Company

Address
P.O. Box 5940 T.A., Denver, CO 80217

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 type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of operator address
Change of transporter (condensate)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico Federal N</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>S-14210</u>
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>south</u> Line and <u>790</u> Feet From The <u>west</u> Line of Section <u>17</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Gary Energy Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>Four Inverness Court East Englewood, CO 80112</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Fidelity Union Tower, Dallas, TX 75201</u>	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. <u>M 17 30N 12W</u>	Is gas actually connected? <u>yes</u>	When <u>8-1-63</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.

Cindy Treasher
(Signature)
Prod. & Pror. Acctg. Supvr.
(Title)
1/15/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1985
BY Frank J. Davis
TITLE SUPERVISOR 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 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 multiply completed wells.