

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

I.

Operator <u>Sun Exploration &amp; Production Co.</u>	
Address <u>P. O. Box 1861, Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
<u>To show when gas was actually connected.</u>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico "BA" State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Siete San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location				
Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>north</u> Line and <u>610</u> Feet From The <u>west</u>				
Line of Section <u>16</u> Township <u>8S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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"/> <u>The Permian Corporation</u> <u>Permian (Eff. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1919, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>D</u> Sec. : <u>16</u> Twp. : <u>8S</u> Rge. : <u>31E</u>
Is gas actually connected?	When : <u>3-1-85</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.

Velma Reyes  
(Signature)  
Senior Accounting Asst.  
(Title)  
4-12-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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.

RECEIVED

APR 16 1985

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HUMANITARIAN OFFICE