

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
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

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 checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	To move 1800 bbls of oil prior
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	to potential.
	<input type="checkbox"/> Dry Gas	<i>Test allowable Mar 1988</i>
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Anderson -A-</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Northeast Lovington-Penn</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>M</b>	<b>3300</b>	Feet From The <b>South</b>	Line and <b>710</b>	Feet From The <b>West</b>	
Line of Section <b>6</b>	Township <b>16S</b>	Range <b>37E</b>	<b>Lea</b>	<b>NMPM</b>	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)					
<b>Sun Refining &amp; Marketing Co.</b>	<b>P.O. Box 2039, Tulsa, Oklahoma 74102</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>M</b>	<b>6</b>	<b>16S</b>	<b>37E</b>	<b>No</b>	

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.

*Darryl Rawson*  
(Signature)  
**Sr. Prod. Foreman**  
(Title)  
**03/30/88**  
(Date)

OIL CONSERVATION DIVISION

**MAR 30 1988**  
APPROVED \_\_\_\_\_, 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 deviatoric 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.