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STATE OF NEW MEXICO				
ENERGY AND MINERALS DEFARTMENT				•
				Form C-104 Revised 10-01-78
Pile OIL	OIL CONSERVATION DIVISION			Format 06-01-83
U.8.0.8. 5A	P. O. BOX 2088			Page 1
LAND OFFICE SANTA FE, NEW MEXICO 87501				
TRANSPORTER OIL	_			
	REQUEST F	OR ALLOWABL	5	
T AUTHORIZAT	ION TO TO A	AND		
Operator		SPURT OIL AND	NATURAL GAS	
SUN EXPLORATION & PRODUCTION	<u> </u>			
Address				
P. O. BOX 1361, MIDLAND, TEXAS	S 79702			
(a) for string (Check proper box)	5 79702			
New Well Other (Please explain)				
		Dry Gan		
Change in Ownership Casinghead		-	ective 10-1-88	
If change of ownership give name				
and address of previous owner				
I. DESCRIPTION OF WELL AND LEASE				
Well No. Pool h	vame, including i	Formation	•	
J. A. Akens 9 Oi	1 Center B	linebry	Kind of Lease	Lease No.
			State, Federal or Fee	Fee
Unit Latter Q : 990 Feel From The	East	16 48 .5		
	L1	ne and	SOU Feet From The	
Cine of Section 3 Township 21S	Range	36E	ммрм, Lea	
III. DESIGNATION OF TRANSPORTER OF OIL AN			- 1	County
	D NATURAL	LGAS /	14	
Shell Pipe Line Corp. Name of Authorized Transporter of Casingnead Gas (X) or D		Azaross (Give ad	dress to which approved copy of t	his form is to be sense
Name of Authorized Transporter of Casinghead Gas 🔬 🛛 or 🕻	Diy Gas []	<u>P. O. Box</u>	1910, Midland, TX dress to which approved copy of the	79702
<u>Phillips 66 Natural Gas Co.</u>	<u> </u>	/1001 Bonh	aress to which approves copy of I	his form is to be sensy
I Well Produces oil on linuide Unit See 17	ŽİS ^R 36E	Is gas actually co	rook, Odessa, TX	
If this production is commingled with that from any other NOTE: Complete Parts III and II	lease or pool.	give commingling	Order averbasi	
NOTE: Complete Parts IV and V on reverse side if n	PCASE am		order number:	
7. CERTIFICATE OF COMPLIANCE		•		
			L CONSERVATION DIVIS	
hereby certify that the rules and regulations of the Oil Conservation Division have				N
een complied with and that the information given is true and comple by knowledge and belief.	te to the best of	APPROVED_		10
		BY ORIGINAL SIGNED BY JERRY SEXTON		SEXTON
$\sim ~ \wedge ~ \dot{\lambda}$		DISTRICT SUPPRVISOR		
		TITLE		
- ful m tem		This form i	a to be filed in compliance w	
Accountant (Similary)		well, this form	tor allowable for a pe	Wiv deillast an a
		teren on t	ine well to accompany and	the deviation
9-29-88 (Tille)		All sections of this form must be filled out completely for allow-		
(Daie)		Elli out onl		
		well name or nur	Y Sections I. II. III. and VI hose, or transporter, or other su	for changes of owner.
	11	Senarera Er		of condition

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Separate Forms C+104 must be filed for each pool in multiply completed wells.