STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

#0. 07 CPPICE BEE	£14£0		
DISTRIBUTION			
SANTA FE	_		
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL	GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Sun Exploration & Production Co.				
P. O. Box 1861, Midland, Texas	79702			
	Gam densate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE Lease Name	State, Federal or FeeFederal NM0554604			
Line of Section 15 Township 225 Range	37E , NMPM. Lea County			
Name of Authorized Transporter of CII \(\text{X} \) or Condensate \(\text{Shell Pipeline Co.} \) Name of Authorized Transporter of Casingneda Gas \(\text{X} \) or Dry Gas \(\text{Lexaco Producing, Inc.} \) If well produces oil or liquids, qive location of tanks.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1509, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, TX 79702 Is gas actually connected? When Yes			
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.	OIL CONSERVATION DIVISION OCT 1 - 1985 BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
Sr. Accounting Asst.	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatic tests taken on the well in accordance with RULE 111.			
9-26-85 (Title) (Date)	All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of conditional Separate Forms C-104 must be filed for each pool in multiple completed wells.			