STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		+	+-	•
FILE		+	┼	
U.S.G.S.		 	┼—	i
LAND OFFICE		 		
TRANSPORTER	DIL	 	 -	ı
	GAS	1	_	١
DPERATOR		1	_	l
PROMATION OFFICE			_	ı

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. AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS
SUN EXPLORATION & PRODUCTION CO.	
P.O. Box 1861, Midland, Texas 79702	
Reason(s) for filing (Check proper box) New Well Change in Transporter of:	Other (Please explain)
Change in Ownership Cazinghead Gas	Condensate CHANGE TO BE EFFECTIVE JUNE 1, 1984
If chenge of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Legae Name Well No. Pool Name Includes	
Sims - 1 Blinebry	State, Foderal or Fee Patented Lease No.
Unit Letter F : 1640 Feet From The North L	Ine and 1865 Feet From The West
Line of Section 25 Township 22S Range	37E , NMPM, Lea
Name of Authorized Transporter of Oil X or Condensate Sun Refining & Marketing Co.	I. GAS Address (Give address to which approved convident
Name of Authorized Transporter of Casingned Gas X of Dry Gas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent
If well produces oil or liquids, Qive location of tanks. Unit Sec. Twp. Rge.	Is gas actually connected? When
If this production is commingled with that from any other lease or pool,	Yes 12-31-57 give commingling order number: R-5003
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE	11
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 APPROVED MAY 16 1984
	BYORIGINAL SIGNED BY JERRY SEXTOM TITLEDISTRICT SUPERVISOR
Accountant (Signature)	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 rebulator.
May 14, 1984 (Title)	All sections of this formula by the first and the deviation
(Date)	Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter or other such a changes of owner,
	Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA									
Designate Type of Completi		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Res
Date Spudded	Date Compi.	. Ready to P	rod.	Total Dept	, , , , , , , , , , , , , , , , , , ,	- 	P.B.T.D.	1	_1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe			
	······································	TUBING,	CASING, ANI	CEMENTI	NG RECOR	D	l		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	 								
V. TEST DATA AND REQUEST	FOR ALLO	WABLE (Test must be a able for this de	fter recovery	of total volu full 24 hows	me of load oil	and must be c	qual to or exc	eed top allo
Date First New Oil Run To Tanks	Date of Test	t		Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	eme		Casing Pre	sswo	-	Chore Size		
Actual Prog. During Test	OH-Bbis.			Water - Libis	•		Gam-MCF		
GAS WELL				<u>'</u>			_!	1	
Actual Prod. Tost-MCF/D	Length of Te	pat	····	Bble. Cond	nsate/MMC	F	Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pres	ewe (Shat-	tn j	Casing Pres	swe (Sbat-	-in)	Chore Size		

