STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		1	
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	GAS		_
DPERATOR			_
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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

1.			
Sun Exploration & Production Co.	- ·		
P.O. Box 1861, Midland, Texas 79702	- -		
Reason(s) for tiling (Check proper box) Other (Please explain)			
New Well Chamge in Transporter of:	Change Oil transporter		
Effective July 1 109/			
Change in Ownership Casinghead Gas Condensate Effective July 1, 1984			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Formation Kind of Lease Le	GBO No.		
Wells 12 Langlie Mattix 7 Rvrs Queen State, Foderal or Fee Federal 1	4214		
Location Grbg			
Unit Letter K : 2130 Feet From The South Line and 1830 Feet From The West			
Line of Section 4 Township 25-S Range 37-E , NMPM. Lea	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Cli or Condensate Address (Give address to which approved copy of this form is to be se	n()		
Sun Refining & Marketing PO Box 3187 Longview TX 75606	,		
Name of Authorized Transporter of Casingnoad Gas X or Dry Gas Address (Give orderess to which approved copy of this form is to be se	nt)		
El Paso Natural Gas Jal, New Mexico 88252	•		
If well produces oil or liquids, Unit Sec. Twp. Rige. Is gas actually connected? when			
give location of tanks. 1 K 1 4 125 137 Yes 7-19-76			
If this production is commingied 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 OIL CONSERVATION DIVISION			
Thereby certify that the rules and regulations of the Oil Conservation Division have APPROVED 111 - 2, 1984			
been complied with and that the information given is true and complete to the Dest of the			
my knowledge and belief. BYBY			
TITLE Cas Inspector			
			
This form is to be filed in compliance with RULE 1104.			
Associate Accountant If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the detects taken on the well in accordance with NULE 111.	Pepene Vistic		
June 28, 1984 (Title) All rections of this form must be filled out completely for shie on new and recompleted wells.	r ellow		
(Date) Fill out only Sections I. II. III. and VI for changes of well name or number, or transporter, or other such change of comparison.	owner,		
Separate Forms C-104 must be filed for each pool in m completed wells.	naition naitiply		