

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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MAY 12 1987

O. C. D.

SPECIAL OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Hondo Oil & Gas Company

Address

P. O. Box 2208, Roswell, NM 88201

Reason(s) for filing (Check proper box)

☐ New Well

☐ Recombination

☒ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

Effective 3/1/87

If change of ownership give name
and address of previous owner

ARCO Oil & Gas Company, Division of Atlantic Richfield Company
P. O. Box 1710, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Fren Oil Co	10	Grayburg-Jackson-7R.O.S.A.	State, Federal or Fee Federal	LC031844
Location				
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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)
Texas-New Mexico Pipeline Company	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company	P.O. Box 460, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	0 19 17 31
Is gas actually connected?	When
Yes	1-7-64

If this production is commingled with that from any other lease or pool, give commingling order number:

PC467

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.

Layne Collier
(Signature)

Production Clerk

(Title)

May 11, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 13 1987

Original Signed By

BY *L. A. Clements*

TITLE Supervisor District II

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 deviation 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 multiply completed wells.