

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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SANTA FE	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

RECEIVED BY
MAY 12 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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
☐ Recompletion
☒ 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 Fren Oil Co (WIW)	Well No. 13	Pool Name, including Formation Grayburg-Jackson-7R.Q.S.A.	Kind of Lease State, Federal or Fee Federal	Lease No. LC03184
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>710</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 type="checkbox"/> or Condensate <input type="checkbox"/> WIW	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give 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, 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.

Layne Collier
(Signature)

Production Clerk

(Title)

May 11, 1987

(Date)

OIL CONSERVATION DIVISION

MAY 13 1987

APPROVED _____, 19 _____

BY _____ Original Signed 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 deviated 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 multiphase completed wells.