

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF LEASES COVERED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
OPERATING OFFICE		

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

RECEIVED  
MAR 04 1987

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

I.

Operator: Hondo Oil & Gas Company

Address: P. O. Box 2208, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Other (Please explain):
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of Operator
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinohood Gas	Effective Date: <u>January 1, 1987</u>
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Arco Oil and Gas Company, a division of Atlantic Richfield Company  
P.O. Box 1610, Midland, Texas 79707

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Nor-haus WN</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Ballard P.C. Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF078477</u>
Location				
Unit Letter <u>F</u>	<u>1656</u> Feet From The	<u>N</u> Line and	<u>1752</u> Feet From The	<u>W</u>
Line of Section <u>18</u>	Township <u>25N</u>	Range <u>7W</u>	<u>NMPM, Rio Arriba</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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinohood Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</u> <u>5/2/57</u>

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.

J. K. Thompson  
(Signature) J. K. THOMPSON  
Attorney-in-Fact  
(Title) FEB 27 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigg MAR 04 1987  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT 3

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.