

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAR 04 1987  
OIL DIV.

I.

Operator Hondo Oil & Gas Company	
Address P. O. Box 2208, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change of Operator Effective Date: January 1, 1987
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas	<input type="checkbox"/> Dry Gas <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 Crow Mesa	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee	Lease No. SF078477
Location				
Unit Letter <u>G</u> : <u>1660</u> Feet From The <u>N</u> Line and <u>1770</u> Feet From The <u>E</u>				
Line of Section <u>19</u> Township <u>25N</u> Range <u>7W</u> NMPM Rio Arriba 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 Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes

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. [Signature] MAR 04 1987  
BY [Signature]  
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 1111.

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.