

OIL CONSERVATION DIVISION

P. O. BOX 2028  
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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	OPS
OPERATION	
PRODUCTION OFFICE	

Operator  
Hondo Oil & Gas Company

Address  
Post Office Box 2208, Roswell, New Mexico 88202-2208

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Atlantic "C"	Well No. 101	Pool Name, including formation Calloway Gallup/Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. NM-000607
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>30N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

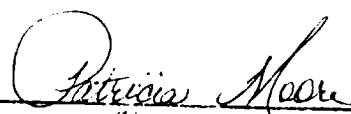
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source	Address (Give address to which approved copy of this form is to be sent) 5410 S. Bell, Suite 201, Amarillo, TX 79109
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
Well produces oil or liquids, Location of tanks.	Unit Sec. Twp. Rge. A 6 30N 10W
Is gas actually connected? When Yes	

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

FE: Complete Parts IV and V on reverse side if necessary.

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.

  
(Signature)  
Production Secretary  
(Title)  
09/30/88  
(Date)

OIL CONSERVATION DIVISION

OCT 03 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Burt J. Shaw  
TITLE SUPERVISION 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.