

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATION | |
| PRODUCTION OFFICE | |

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

| | |
|---|--|
| Operator Hondo Oil & Gas Company | |
| Address Post Office Box 2208, Roswell, New Mexico 88202-2208 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate |
| Request authority to sell 204 bbls skim oil - June 1988 | |

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|------------------|
| Lease Name Denton SWDS | Well No. 2 | Pool Name, including formation Denton (dev & W.C.) | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location | | | | |
| Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>10</u> Township <u>15S</u> Range <u>37E</u> , NMPM, Lea County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024 |
| Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE | Address (Give address to which approved copy of this form is to be sent) |
| Well produces oil or liquids, by location of tanks. | Unit Sec. Twp. Rge. |
| Is gas actually connected? | When |

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.

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.

Patricia Moore

(Signature)

Production Secretary

(Title)

July 5, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filled 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 filled for each pool in multiply completed wells.

