

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF WELLS OPERATED	
DISTRIBUTION	
SANTA FE	
PAID	
U.S.E.	
LAND OFFICE	
TRANSPORTED	OIL
	NAT
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-79
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Hondo Oil & Gas Company

Address
P. O. Box 2208, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change in Operator name Effective March 1, 1987</u>
<input type="checkbox"/> Re-completions	<input checked="" type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of transporter give name and address of previous owner: ATCO Oil and Gas Company - Division of Atlantic Richfield Company
P.O. Box 1610, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State D DE</u>	Well No. <u>1</u>	Pool Name, including completion <u>Arrowhead Grayburg</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>3-1167</u>
Location Unit Letter <u>0</u> : <u>336</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>	Line of section <u>36</u>	Township <u>21-S</u>	Range <u>36-E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Roch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1558, Breckenridge, TX 76024</u>
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texas, Incorporated</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 728, Hobbs, NM 88240</u>
If well produces all or liquids, give average of times. Unit <u>0</u> : <u>36</u>	Is gas naturally compressed? <u>Yes</u>
Time <u>21-S</u> : <u>36-E</u>	<u>Unknown</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.

[Signature]
Vice-President
2/29/87
[Title]
[Address]

OIL CONSERVATION DIVISION

APPROVED MAR 1 1987, 19
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 change 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.

RECEIVED
MAR 9 1987
OCD
ROBERTS OFFICE