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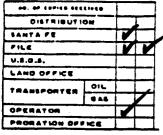
O. C. D.

ARTESIA, OFFICE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each poel in multiply

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT



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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE	AUTHO	RIZATION '		ND PORT OIL AND	NATU	RAL GA	NS .	
Operator Hondo Oil & Gas Compar	יער							
Address Company	<u> </u>							
P. O. Box 2208; Roswe	11. Ne	w Mexico	88201					
Reason(s) for filing (Check proper box) Other (Please explain)								
New Well	Change in Transporter of: Change in Operator name							
Recompletion	Otl Dry Gen						-	
Change in Ownership	Casingheed Gas Condensate Effective March 1, 1987							
and edutase of braafons owner				`		Atlar	ntic Richfield C	ompany
Р.	O. Bo	x 1610,	Midland	, Texas 797	02			
II. DESCRIPTION OF WELL AND L		1						
l e e e e e e e e e e e e e e e e e e e	Well No. Peel Name, Including				1			LC No.
H. E. West B	3	Graybur	g Jacks	on-7R.Q.G.S.	.A.	Stete, F	oderet or Fee Federal	029426B
660		17-		1000			••	•
Unit Letter C : 660	_ Feet Fre	m The No	TEN LIA	e end1980		Feet !	From The West	
Line of Section 4 Townshi	• 17s	5	Range:	31E ,	NM PM,	,	Eddy	County
	•							
III. DESIGNATION OF TRANSPOR								•
Name of Authorized Transporter of Cil NONE - WIW	or C	Condensets	_	Azarees (Give as	idrese u	o which	approved capy of this form	is to be sent)
Name of Authorized Transporter of Casingh NONE	eed Gds [or Dry (Gae 🗀	Address (Give se	idress to	o which	approved copy of this form	is to be sent;
If well produces oil or liquids. Qive location of tanks.	i Sec	. Twp.	Rge.	is das scinetly c	0000000	47	When	•
If this production is commingled with th	et from an	ny other less	se or pool,	Eive commingling	C order	пишрег		
NOTE: Complete Parts IV and V on	reverse s	side if nece	ssary.					Pear ED-3
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION				19.60 3 32-87			
I hereby certify that the rules and regulations o				APPROVED	M	AR 1	6 1987	_, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.				Original Signed By				<u>-</u>
						Les	A. Clements	
				TITLE		Supe	visor District 11	
\cap \circ \circ	This form is to be filed in compliance with RULE 1104.							
Muse a lewson							allowable for a newly dempended by a tabulation	
0 0	PRO	D SEC		teets taken e	a the w	vell is	secordance with RULE	111.
72278 7				All sections of this form must be filled out completely for allow shie on new and recompleted wells.				
(Dee)				Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporten or other such change of condition.				

completed wells.