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MAR -9 1987

O. C. D. ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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SANTA FE		7	
PILE		1	7
V.8.0.8.			
LAMO OFFICE			
TRAMEPORTER	OIL		
	946		
OPERATOR.		1	
PROBATION OFFICE			

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

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

Senarcte Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE	
AND	,
AUTHORIZATION TO TRANSPORT OIL AND NATURAL	GAS

PROBATION OFFICE	AUTHO	A RIZATION TO TRANS	ND Port oil, and nati	IRAL GAS	
I.					
Operator Oil 5 Con Consultation					
Hondo Oil & Gas Compar	ייי				
P. O. Box 2208; Roswe	.11 Ma	v 99201			
Reason(s) for filing (Check proper box)	II. We	w Mexico 00201	Other (Pleas	e elbiein)	
New Well	Change in Transporter of:			•	
Recompletion	011	□ ∾	Change in Operator name Effective March 1, 1987		
Change in Ownership	C **	Inchess Gas C	ondensate	tive halen i, 1907	
If change of ownership give name AD					
and address of previous ownerAn				Atlantic Richfield Co	mpany
Р.	O. Bo	x 1610, Midland	, Texas 79702		
II. DESCRIPTION OF WELL AND L					
C. A. Burne 11	1 .	Poet Name, including Fo		Kind of Lectur	Lease No.
C. A. Russell	6	Grayburg Jacks	son-7R.Q.G.S.A.	Stete, Federal or Fee Federal	LC029548A
Location					•
Unit Letter C 990	_Feet Fro	m The North Lin	• and	Feet From The West	
19 70 70	_ 1:	7.C ==	217		
Line of Section 18 Townshi	<u> </u>	7S Promps	31E , NMPM	- Eddy	County
III. DESIGNATION OF TRANSPOR	TER OF	OII AND NATURAL	GAS		
Name of Authorized Transporter of Cil		andensete		to which approved copy of this form is	to be sent;
NONE-WIW					
Name of Authorized Transporter of Casingh	Co-	or Dry Gas	Address (Give address)	to which approved copy of this form is	(O be sent)
NONE				Post	ID-3
If well produces oil or itsuids.	t See	Twee Rose	In 738 detublity connecte	when 3-	20-87
give lecenies of idnas.		· · · · · · · · · · · · · · · · · · ·	<u> </u>	ch	SaR,
If this production is commingled with th	es from a	ny other lesse or poal,	give commissiing order	numbert	1
NOTE: Complete Parts IV and V or	reverse	side if necessary.			
M. CERTIFICATE OF COMPLIANCE			اا ما د	CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	G.				
I hereby certify that the rules and regulations of			APPROVED	MAR 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		
,			J 67	Les A. Clements	
			TITLE	Supervisor District II	
0 0			This form is to	be filed in compliance with au	LE 1104.
Myce K Yenam	<u></u>		If this is a req	uest for ellowable for a nawly dr	illed or deepens
() () (Signature)	' p	ROD SEC	well, this form mus	t be accompanied by a tabulation well in accordance with Aut g	of the deviation
7		:	{ }	this form must be filled out com	•
022787		!	able on new and re		
(Date)				Sections I. II. III. and VI for ch	