

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

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JAN 06 '88

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I, 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 type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.E. West A	Well No. 6	Pool Name, including formation Grayburg Jackson-7R O.G.S.A.	Kind of Lease State, Federal or Foreign Federal	Lease No. LQ-029426A
Location Unit Letter <u>H</u> : <u>1980</u> Feet from The <u>North</u> Line and <u>660</u> Feet from The <u>East</u> Line of Section <u>4</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. 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) Post Office Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 260, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit: <u>A</u> Sec: <u>4</u> Twp: <u>17S</u> Rge: <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>May 6, 1960</u>

Post ID-3
1-15-88
chgt: NRC

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.

IV. 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)

December 28, 1987

(Date)

OIL CONSERVATION DIVISION
JAN 14 1988

APPROVED _____, 19

Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.