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	RECEIVE	D BY				
	MAR -9	1987	ł			
STATE OF NEW MEXICO	O , C.	n	ł			
ENERGY AND MINERALS DEPARTMENT	ARTESIA, C					
	ARIESIA, C		-		Form (2104
DISTRIBUTION	OIL CONSERV	ATION	DIVISIO	N		d 10-01-78 t 06-01-83
		OX 2088			Page 1	
U.S.G.S.	SANTA FE, NE	W MEXIC	0 87501			
TRANSPORTER OIL	}					
OPERATOR .	REQUEST FO	OR ALLOWA	BLE			
PROBATION OFFICE	-	AND				
I. Operator	AUTHORIZATION TO TRANS		AND NATU	RAL GAS		
Hondo Oil & Gas Compar					<u> </u>	<u></u>
Address	IY				······································	
P. O. Box 2208: Roswe	11. New Mexico 88201					
Reason(s) for filing (Check proper box)			Other (Please	ezplain)		
Recompletion	Change in Transporter el:	TY Gas		e in Operat		
Change in Ownership		Condensete	Effect	ive March	1, 1987	
If change of ownership give name AD						
and address of previous owner	CO Oil and Gas Compan			Atlantic R	ichfield Co	ompany
	O. Box 1610, Midland	, Texás	79702			
II. DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including F			Kind of Lease		
H.E. West B	20 Grayburg Jack		.G.S.A.	State, Federal or	For Rodonal	Leese No.
Location					redera	029426-1
Unit Letter 0 : 660	_Feet From The _South_Lin	• and <u>198</u>	0	Foot From The	East	
Line of Section 10 Townshi	p 17S Range	31E				
	4		, NMP U ,		Eddy	County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS				•
Texas-New Mexico Pipeline	of Condensete	1		which approved		-
Name of Authorizon Transporter of Casinghe	Hee Gas X or Dry Ges	P. O.	Box 2528	Hobbs, Ne	W Mexico 8	8240
Continental Oil Company				Hobbs, Ner		8240
If well preduces all or liquids,, Unit give location of lanks,			illy connected			
					6-1-60	
If this production is commingled with the NOTE: Complete Parts IV and V on		Elae commit	igling order i			
-		t i	.			Perst 15 1
VI. CERTIFICATE OF COMPLIANCE			OIL CO	INSERVATIO		30. ** Cha * 1
I hereby certify that the rules and regulations of	the Oil Conservation Division have	APPROV		MAR 1 6	1987	19
been complied with and that the information give my knowledge and belief.	in is true and complete to the best of			Original Signe	ed By	
				Les A. Cleme	ents	<u> </u>
		TITLE_	<u> </u>	Superior Die	sie II	
- Anne R No				e filed in com		
() () (Signature)) well, this	i form must i	te accompanied	by a tabulation	illed or deepens of the deviation
	PROD SEC	teets tak	n on the w	ul la secordane	IN WITH NULK I	itt. pietely for allow
(Tille)	022787	able on n	ew and reco	mpleted wells.		•
(Dese)	· · ·	Fill well name	eut only Sei	ctions L. II. III or transportes of	end VI for che	anges of owner age of condition
		Separ	ate Forma			peel in multiply
,	11	<pre>completed</pre>				

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Separate	Forms	C-104	must	be	Aled	for	each.	poel	In	multiply
completed wel	14.									