STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			,
SANTA FE		1	
FILE		7	
U.S.a.S.			
LAND OFFICE			_
THANSPORTER	DIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

RECEIVED BY

MAR -9 1987

O. C. D.

ARTESIA, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

I. AUTHORIZATION TO T	TRANSPORT OIL AND NATURAL GAS		
Hondo Oil & Gas Company			
Address P. C. P. C.			
P. O. Box 2208: Roswell, New Mexico 88			
New Well Change in Transporter of:	Other (Please explain)		
Recompletion Oil	Change in Operator name		
Change in Ownership Casinghead Gas	Condensate Effective March 1, 1987		
If change of ownership give name ARCO Oil and Gas	Company - Division of Atlantic Richfield Company		
II. DESCRIPTION OF WELL AND LEASE	dland, Texas 79702		
Lease Name Well No. Poet Name, Inclu	uding Formation Kind of Lease		
Turner "B" 40 Free	Stere, Federal or Fee		
Location	Federal 029395B		
Unit Letter L : 1650 Feet From The Sou	th Line and 990 Feet From The West		
I les al Sautes 17 Turner			
Line of Section 17 Township 175 Rone	31E , NMPM, Eddy County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	TIRAL CAS		
Name of Authorized Transporter of OII or Condensate	Andreas (Give address to which approved capy of this form is to be sent)		
Shut-In NONE			
Name of Authorized Transparier of Casingheds Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
NONE			
If well produces oil or liquids, Unit Sec. Twp. Regive location of lanks.	Is gas actually connected? When		
If this production is compared with the feet or and the	NO NO		
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.	Post ID-3		
VI. CERTIFICATE OF COMPLIANCE			
· 	OIL CONSERVATION DIVISION MAR 1 6 1987		
I hereby certify that the rules and regulations of the Oil Conservation Division I been complied with and that the information given is true and complete to the be-	have APPROVED 17AN 1 0 1907		
my knowledge and belief.	Original Signed By		
	Les A. Clements		
	TITLE Supervisor District II		
Markey Herethan	This form is to be filed in compliance with RULE 1104.		
Blessing	If this is a request for allowable for a contraction		
PROD SEC	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely to		
2/27/87			
(Date)	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.		
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		