

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

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

RECEIVED

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 22 '88

O. C. D.

Operator Hondo Oil & Gas Company ✓
Address P. O. Box 2208, Roswell, NM 88202

Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Change in well name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. L. Keel "B"</u>	Well No. <u>38</u>	Pool Name, including Formation <u>Grayburg Jackson SR-06-SA</u>	Kind of Lease State, Federal or Foreign <u>Federal</u>	Lease No. <u>LC029435B</u>
Location Unit Letter <u>I</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3609, Midland, TX 79702</u>
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1959, Midland, TX 79702</u>
If well produces oil or liquids, location of tanks. Unit <u>C</u> Sec. <u>8</u> Twp. <u>17S</u> Rge. <u>31E</u>	Is gas actually connected? <u>yes</u> When <u>6-17-88</u> <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 8-26-88
chg well name

NOTE: Complete Parts IV and V on reverse side if necessary.

III. 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.

B. J. Stubbbs
(Signature)
Production Superintendent
(Title)
8/18/88
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 23 1988, 19_____
BY Original Signed By
Mike Williams
TITLE _____

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 allowables 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.