

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

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

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AUG 26 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hondo Oil & Gas Company O. C. D.
Address ARTESIA, OFFICE

P. O. Box 2208, Roswell, NM 88202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>H. E. West "B"</u>	Well No. <u>31</u>	Pool Name, including formation <u>Grayburg Jackson SR-Q-G-SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC029426B</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Kind of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline Company</u>	<u>P. O. Box 2528, Hobbs, NM 88240</u>
Kind of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco</u>	<u>P. O. Box 1959, Midland, TX 79702</u>
Well produces oil or liquids, its location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>10</u> Twp. <u>17S</u> Rge. <u>31E</u>	<u>Yes</u> <u>7-15-88</u>

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.

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.

[Signature]
(Signature)
Engineer
(Title)
8/25/88
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 6 1988, 19_____
BY Original Signed By
TITLE Mike Williams

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.