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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

@. .C. D. ARTERIA, OFFICE

REQUEST FOR ALLOWABLE

AUTHO	AA RIZATION TO TRAKSP		NATURAL GAS	S .		
Operator	/		,	7.6 To Tall		
Hondo Oil & Gas Company			·			
P. O. Box 2208, Roswell, NM	88201		•			
leoson(s) for liling (Check proper box)		Other (l'leuse explain)			
New Well Change	In Transporter of:					
ilecombiellou OII	—	Dry Gas				
Chinge in Owiership Ca	Inghend Gas Cor	ndensate				
change of ownership give name id address of previous owner						
. DESCRIPTION OF WELL AND LEASE		•				
ease Name Well No	. Pool Name, Including Fo	twatton	Kind of L		Lease No.	
Mann Federal 1	Scoggin Draw A	toka Gas	State, Fe	derol of Fee Federal	NM031186	
bcallon						
Unii Leiler F : 1880 Feel F	om The North Line	ond 2130	reel F	rom The West		
Une of Section 9 Township 185	Nange 2	7E .	имрм,	Lee EDDY	County	
I. DESIGNATION OF TRANSPORTER OF Sode of Authorized Transporter of Oil [] or Koch Oil Company (Div. of Koch 120% of Authorized Transporter of Company Phillips 66 Nat. Gas Company Unit 15% Income of tonks.	Condensate (A) Ind., Inc.) or Dry Gas (C) c. Twp. Rqs.	Address (Give ad P. O. Address (Give ad 4001 Pe Is gas actually co	Box 1558, Idees to which on morook, Ode	pproved copy of this form the Breckenridge, TX pproved copy of this form the proved copy of the proved copy o	76024	
OTE: Complete Parts IV and V on reverse			•			
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
hereby certify that the rules and regulations of the Oil Conservation Division have enterthylical with and that the information given is true and complete to the best of y knowledge and belief.		APPROVED.	JAN	1 5 1988	., 19	
		BY	Mi	nal Signed By ike Williams	, , , , , , , , , , , , , , , , , , ,	
		TITLE	Oil &	Gas Inspector		
Production Secretary		If this is well, this form tests taken or	a request for some the succest the well in c	In compliance with AUI illowable for a newly dri impensed by a tabulation coordance with AULE 1	lled or despense of the deviction tt.	
(1 ale)		All sections of this form must be filled out completely for allowable on new and recomplated wells. Fill out only Sections I. II. III, and VI for changes of Swarr, well name or number, or transporter, or other such change of conditions.				
12/3/87 (Dute)						
	Separate Forms C-104 must be filed for each pool in multiply completed wells.					