

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

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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 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Hondo Oil & Gas Company ✓
Address
P. O. Box 2208; Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recombination
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Crudehead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
Change in Operator name
Effective March 1, 1987

If change of ownership give name and address of previous owner ARCO Oil and Gas Company - Division of Atlantic Richfield Company
P. O. Box 1610, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

* Unitization Number: 14-08-001-1157

Lease Name East Shugart Unit	Well No. 3	Pool Name including Formation Shugart Yates, 7R, Q, GB.	Kind of Lease State, Federal or Fee Federal	Lease No. ★
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>18S</u> Range <u>31E</u> , NMPMA Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None <u>WIW</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Crudehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sect. Twp. Rgn. Is gas actually compressed? When <u>Post ID-3</u> <u>3-20-87</u> <u>chy op</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.

VI. 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)

PROD SEC

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 16 1987

APPROVED _____, 19

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all this on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.