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		RECEIN	VED B	Y		. <b>.</b>		
STATE OF NEW MEXICO		MAR -	<b>9</b> 1981	7				
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		_		ļ.				
			C. D.	4			Form C-104	
DISTRIBUTION		ARTESIA				<b>-</b>	Revised 10- Format 06-0	
BANTA PR	P. O. BOX 2088							
V.8.0.8.	5.	ANTA			CO 87501			
LAND OFFICE			5, 14 Ka	W MEXI				
TRANSPORTER OIL CAS								
OPENATOR	REQUEST FOR ALLOWABLE AND							
PROMATION OFFICE	AUTHORIZA	TION TO						
I. Operator	<u> </u>							
Hondo Oil & Gas Compa						``````````````````````````````````````		
Address	ny							
P. O. Box 2208: Rosw	ell New N	lavica	88201					
P. O. Box 2208; Roswell, New Mexico 88201 Reeson(s) for filing (Check proper box) Other (Please explain)								
New Well	Change in Tro	ansporter a	(:					
Recompletion				Change in Operator name Effective March 1, 1987				
Change in Ownership	Casinghe	od Gas		ondensate		cive March	1, 1987	1
If change of ownership give name AT	200 011 10	d Caa (	20					······································
and address of previous owner			Jompan	<u>v</u> - D1v	1910n of	Atlantic R	ichfield Comp	any
II. DESCRIPTION OF WELL AND	O. Box 10	010, Mi	Idiand	, Texas			••	
Lease Name	Well No. Po					Kind of Legse	er: 14-08-00	
East Shugart Unit 20 Shugart Yates				s, 7R, C	, <u>G</u> B.	State, Federal or	<b>r</b> ⊷Federal	Lease No.
Location								.1
Unit Letter <u>L</u> : <u>1980</u>	Feet From T	he Sou	<u>th</u>	ne and <u>66</u>	0	Feet From The	West	1
Line of Section 35 Townsi	185	_				_		I
	18S		ange 3	11E	, NMPM	i.	Eddy	County
III. DESIGNATION OF TRANSPOR	TER OF OIL	AND NA	ATURA	L GAS				
Name of Authorized Transporter of Oli A or Condensate				Asdress (	Give address i	o which approved	copy of this form is se	be sensy
Texas-New Mexico Pipeline Company				P.O. Box 2528, Hobbs New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas 2 or Dry Gas				Address (Give address to which approved copy of this form is to be sent)				
		Twee	Bas	40	01 Penbro	ook, Odessa,	Texas 79762	Port ID-3'
If well produces oil or liquids, or give location of tanks,	L , 35	185	31E	Ye	ually connects	id7 , When	11-2-59	3-20-87
If this production is commingied with th			·					che op
				give comm	ingling order	number:		
NOTE: Complete Parts IV and V on	reverse side i	if necessar	י <b>ד</b> י					
VI. CERTIFICATE OF COMPLIANCE	:			1				
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.				OIL CONSERVATION DIVISION				
				APPRO	VED	MAR 1 6	1987	19
				BY		Original Signe		
						Les A. Cleme		
				TITLE.		Supervisor Distr	ict It	
Chille 1				Thi	form is to	be filed in comp	liance with BULE	1104.
Signature 1	2 reg			If th	is is a requ	ent for allowable	for a newly della	l at damaged
	PROD	SFC	:	well, thi	s (ons must	be accompanied	by a tabulation of with AULE 111.	the demission
		L						

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(Dete)

2/27/87

All sections of this form must be filled out completely for allow-sble 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.