

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 04 1987
OIL CONSERVATION DIV.

I. Operator: Hondo Oil & Gas Company

Address: P. O. Box 2208, Roswell, New Mexico 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 type="checkbox"/> Oil	Change of Operator
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Confinement Gas	Effective Date: January 1, 1987
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Arco Oil and Gas Company, a division of Atlantic Richfield Company
P.O. Box 1610, Midland, Texas 79707

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Nordhaus WN</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Ballard P.C. Gas</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>SF078477</u>
Location				
Unit Letter <u>K</u>	<u>1825</u> Feet From The	<u>S</u> Line and	<u>1850</u> Feet From The	<u>W</u>
Line of Section <u>19</u>	Township <u>25N</u>	Range <u>7W</u>	N.M.P.M. <u>Bio Arriba</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Confinement Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> when

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.

J. K. Thompson
(Signature)
J. K. THOMPSON
(Title) Attorney-in-Fact
FEB 27 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED Frank J. Davis MAR 04 1987
BY _____
TITLE _____ SUPERVISOR DISTRICT # 3

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 1111.
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 multiple completed wells.